BIRTH NO. M-525 69 8001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8001

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): James Henry Manson

2. DATE AND HOUR OF DEATH: August 6, 1969 7:10 Am M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 6114 Eastern Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2745
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6114 Eastern Parkway

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Jan.25, 1906
9. AGE (In years last birthday): 63
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman (Sgt.)
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Police Dept.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Manson
14. MOTHER'S MAIDEN NAME: Alice Kenney

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-36-0982
17. INFORMANT: Norma Manson ADDRESS: 6114 Eastern Pkwy

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: ASCVD — year
DUE TO, OR AS A CONSEQUENCE OF:
Generalized arteriosclerosis — year
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan 1969 to 8/6 1969, that (I) (we) last saw the deceased alive on 8/6 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: George A. Beck DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/8/69
23C. PHYSICIAN'S NAME (Type): George Beck M.D. DEGREE
23D. ADDRESS: 6012 Harford Road

24A. BURIAL CREMATION, REMOVAL (Specify): burial
24B. DATE: Aug.9,69
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. AUG 11 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: Dippel Brothers Inc.
ADDRESS: 7110 Belair Rd.

VS 150-REV. 1/1/68

7989

1

T-620 69 8002

BIRTH NO. 67-069-14

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8002

44/99

1. NAME OF DECEASED (Type or Print): ELANA MARIA TROZZI	2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL (DOA)	3. DATE PRONOUNCED DEAD: Month Day Year: August 6,1969 Hour: 6:42 AM
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 2745
6. SEX: Female 7. RACE: White 8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH: April 2, 1967. 10. AGE (In years last birthday): 2 If Under 1 Yr. or Under 24 Hrs. Months: 28 Days: Hours: Min.:	E. STREET AND NUMBER: 3008 Fleetwood Avenue
11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME: Louis V. Trozzi
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 14B. KIND OF BUSINESS OR INDUSTRY:	15. MOTHER'S MAIDEN NAME: Dorothy Elaine Warder
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): 17. SOCIAL SECURITY NO.: None	18. INFORMANT: Mr. Louis V. Trozzi ADDRESS: (Same)

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E884X

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Hemoperitoneum

DUE TO, OR AS A CONSEQUENCE OF:

(B) Rupture of small bowel

DUE TO, OR AS A CONSEQUENCE OF:

(C) Blunt force injury to Abdomen

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2 — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — 21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Park — 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Susquehanna Park 6200

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): August 3,1969 Unk. hr. — 22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒ — 22F. HOW DID INJURY OCCUR? Subject fell off table onto Grandmother's knee

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 8/7/69

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	8/8/69.	Gardens of Faith Cemetery	Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 11 1969	Robert E. Farley, M.D.	Leonard J. Ruck, Inc.	Balto. Md. 21214

VS 151-REV. 1/1/68

NSCH 69 000 7990

D-352

BIRTH NO. 69 8003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 69 8003

1. NAME OF DECEASED (Type or Print): LILLIE PITTINGER

2. DATE AND HOUR OF DEATH: 8/7/69 1.25 AM. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: Baltimore 5300

C. CITY OR TOWN: GARRISON

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: Foxleigh Convalescent Home

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: July 22, 1888

9. AGE (In years last birthday): 81 | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Sherman

14. MOTHER'S MAIDEN NAME: Alice Harnish

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Dorothy Bohn ADDRESS: New Windsor, Md.

MEDICAL CERTIFICATION

18. 412.4 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 36 h.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriosclerotic cardiovascular disease.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Chronic obstructive lung disease.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8/5/69 19 to 8/7/69 19 that (I) ~~(we)~~ last saw the deceased alive on 8/6/69 19 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Donal D. Gaynor MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8/7/69.

23C. PHYSICIAN'S NAME (Type): DONAL D. GAYNOR MD DEGREE

23D. ADDRESS: Sinai Hospital, Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/9/1969

24C. NAME of CEMETERY or CREMATORY: Lutheran Cemetery

24D. LOCATION (City, town, or county) (State): Taneytown, Carroll Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: C. O. Fuss & Son ADDRESS: Taneytown, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-252 69 8004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 134 41 4 B9S 8004
MCKNIGHT, BABY BOY

BIRTH NO. 69-14433

1. NAME OF DECEASED (Type or Print): McKNIGHT Baby Boy

2. DATE AND HOUR OF DEATH: 8/7/69 10:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE CITY 1504
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 1942 WALBROOK AVE 21217

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-6-69
9. AGE (In years last birthday): ------ If Under 1 Yr. Months: Days: 1 Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME: BETTY MCKNIGHT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. 772.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: MASSIVE HEMORRHAGIC CAPUT — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 42 1/2 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(B) BIRTH TRAUMA

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): NONE

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NONE
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): NONE
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 6 19 69 to Aug 7 19 69 that (I) (we) last saw the deceased alive on Aug 9 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kenneth B. Roberts MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: Aug 7, 1969
23C. PHYSICIAN'S NAME (Type): KENNETH B. ROBERTS DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 8/8/69
24C. NAME of CEMETERY or CREMATORY: Johns Hopkins Hospital
24D. LOCATION (City, town, or county) (State): 601 N. Broadway, Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969
25B. NAME OF REGISTRAR: Robert S. Sabin, M.D.
25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL
ADDRESS

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-650 69 8005

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8005

1. NAME OF DECEASED (Type or Print): Donald Green

2. DATE AND HOUR OF DEATH: X 4:30 AM August 7, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: — 908

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 914- E. North Ave

5. SEX: Male

6. RACE: Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8/22/33

9. AGE (In years last birthday): 35

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman (retired)

10B. KIND OF BUSINESS OR INDUSTRY: Longshoreman (retired)

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond Green

14. MOTHER'S MAIDEN NAME: Winnie Jackson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Not Known (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Not Known

17. INFORMANT: Mae C. Green

ADDRESS: 1705 Poplar Grove St

MEDICAL CERTIFICATION

18. 303.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Recurrent pulmonary embolí — 4 hours

DUE TO, OR AS A CONSEQUENCE OF:

(B): Cardiomyopathy with congestive failure — 4 years

DUE TO, OR AS A CONSEQUENCE OF:

(C): Alcoholism — 10-15 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4:00AM August 7 19 69 to 4:30AM August 7 19 69 that (I) (we) last saw the deceased alive on August 7 19 69 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Thomas E Davis, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: August 7, 1969

23C. PHYSICIAN'S NAME (Type): Thomas E. Davis, M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-11-69

24C. NAME of CEMETERY or CREMATORY: Mt Auburn

24D. LOCATION (City, town, or county) (State): Baltimore City

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969

25B. NAME OF REGISTRAR: Robert E. Jeffery, M.D. 9 0 0 0

25C. FUNERAL DIRECTOR: Isaiah L. Brown and Son

ADDRESS: 108 W. Montgomery Street

VS 150-REV. 1/1/68

RELEASED ~~XX~~ AS NON-MED BY DR. SPRINGATE ME. OFFICE 8/7/69

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-556 69 8006

REG. NO. 69 8006

1. NAME OF DECEASED (Type or Print) Comnenaris, Mary. Comnenaris Mary

2. DATE AND HOUR OF DEATH 8/8/69 2 48 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Bon Secours Hospital 2025 West Fayette St #23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY 2741

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER 4920 Belair Rd.

5. SEX F 6. RACE W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH 1-1-1900 9. AGE (In years last birthday) 69 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Greece 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Colidis 14. MOTHER'S MAIDEN NAME Smaradga Helios

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Eugene Elias ADDRESS 4920 Belair Rd. Phone # 426-8603

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 410.9 I 250.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B) Coronary atherosclerosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Diabetes

19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 19 66 to Aug 19 69, that (I) (~~we~~) last saw the deceased alive on 8/6 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE Lester A. Wall Jr MD DEGREE Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED 8/8/69

23C. PHYSICIAN'S NAME (Type) LESTER A. WALL JR. DEGREE 23D. ADDRESS 4300 N. Charles St 21218

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 8/11/69 24C. NAME of CEMETERY or CREMATORY Greek Ortho. Cemetery 24D. LOCATION (City, town, or county) (State) Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. AUG 11 1969 25B. NAME OF REGISTRAR Robert C. Tabey M.D. 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. ADDRESS Balto. Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-450 69 8007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8007

1. NAME OF DECEASED (Type or Print): William H. Mullaney

2. DATE AND HOUR OF DEATH: 8/8/69 7 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 831
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2830 Clifton Park Terr

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12/27/01
9. AGE (In years last birthday): 67
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kimal Tire Co
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: John J. Mullaney
14. MOTHER'S MAIDEN NAME: Magdalene M. ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 213-03-6026
17. INFORMANT: A Mrs. Ardrey A. Mullaney ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Cerebral hemorrhage — 2 days
(B) Hypertension DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/6/ 1969 to 8/8/ 1969 that (I) (we) last saw the deceased alive on 8/7/ 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ronald V. Geckler MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/8/69
23C. PHYSICIAN'S NAME (Type): DR RONALD GECKLER DEGREE
23D. ADDRESS: THE UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/12/69.
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md.

VS 150-REV. 1/1/68

BIRTH NO. 3-500 69 8008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8008

1. NAME OF DECEASED (Type or Print): Schene, Bessie

2. DATE AND HOUR OF DEATH: 8-8-1969 9 25 a M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hosp. of Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 3501 Berwyn ave 1510
C. CITY OR TOWN: Balto Md 21207 D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: [redacted]

5. SEX: F 6. RACE: W 7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 12-19-1879 9. AGE (In years last birthday): 89 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wright
14. MOTHER'S MAIDEN NAME: Eva -

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S NAME AND ADDRESS: Mabel Gousha 7609 Cedar Rd. 21222 [redacted]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Hypotension
DUE TO, OR AS A CONSEQUENCE OF:
(B) CVA E
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/2/ 19 69 to 8/8/ 19 69, that (I) (we) last saw the deceased alive on 8/8/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kwin DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/8/69
23C. PHYSICIAN'S NAME (Type): KYI KYI LWIN DEGREE
23D. ADDRESS: LUTHERAN HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/69
24C. NAME of CEMETERY or CREMATORY: Moreland
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969
25B. NAME OF REGISTRAR: Walter E. Valbey, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. Baltimore, Md.
ADDRESS:

VS 150-REV. 1/1/68

1969008796

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-200 69 8009

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8009

1. NAME OF DECEASED (Type or Print): Houck, Richard I.

2. DATE AND HOUR OF DEATH: 8-8-69 | 10 5 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: ~~Balto~~ 2706
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 5310 Gordon Ave

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-27-08
9. AGE (In years last birthday): 61
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Clerk
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Irvin Houck
14. MOTHER'S MAIDEN NAME: Estella Houck

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W W 2
16. SOCIAL SECURITY NO.: 176-05-0608
17. INFORMANT: Mrs. Mary J. Houck
ADDRESS: (Same)

MEDICAL CERTIFICATION

18. 153.3 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Metastatic Ca. of R cerebellar hemisphere — 3 mo
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma of Sigmoid colon — 2 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C) Jr. N Ilea

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 8/7 19 69 to 8/8 19 69 that (I) (~~we~~) last saw the deceased alive on 8/8 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/8/69.
23C. PHYSICIAN'S NAME (Type): DR G H RIBEIRO MD DEGREE
23D. ADDRESS: THE UNION MEMORIAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/69.
24C. NAME of CEMETERY or CREMATORY: Rest Haven Cemetery
24D. LOCATION (City, town, or county) (State): Hanover, Pa.

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: Leonard J. Fuck, Inc. Balto. Md. 21214
ADDRESS

VS 150-REV. 1/1/68

1

S-512 69 8010

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8010

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY ETTA SIMPSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour — August 9, 1969 2:25 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 1809 Madison Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1403
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: Female
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 8-3-03
10. AGE (In years last birthday): 66
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 1809 Madison Avenue

11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Tobias Brown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Mary

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 218-09-1116
18. INFORMANT: Mrs. Mary Banks ADDRESS: 2232 Ruskin Ave.

MEDICAL CERTIFICATION

19. E 966 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Stabwound of head with perforation of brain

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1809 Madison Avenue 1403

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8-9-69 ? m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Stabbed by unknwon assailant

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: August 10, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/13/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969 Robert E. Talbert M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Wm C March ADDRESS: 928 E. North Ave.

VS 151-REV. 7/1/68

N 85 1916 4 0 0 0 7 9 9 8

E363

69 8011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8011

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert Edwards

2. DATE AND HOUR OF DEATH: 8/7/69 5 30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): House in The Pines 2525 Beveldere Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 1513
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2508 Loyola Northway

5. SEX: M
6. RACE: C
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH:
9. AGE (In years last birthday): 84
If Under 1 Yr. Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Janitor
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 216-05-6151
17. INFORMANT: Mrs Mildred Burke, same, ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute M.I. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Unknown
DUE TO, OR AS A CONSEQUENCE OF: arteriosclerotic C V D. — unknown yr.
(B) Pulmonary edema — 1 yr.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Dec 26 1968 to Aug 7 1969, that (I) (we) last saw the deceased alive on Aug 1 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Lester N Kolman M.D. DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/8/69
23C. PHYSICIAN'S NAME (Type): LESTER N. KOLMAN, M.D. DEGREE
23D. ADDRESS: 6821 Reisterstown Road Balto Md. 21215

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969
25B. NAME OF REGISTRAR: Robert S. Tagney M.D.
25C. FUNERAL DIRECTOR: A Halstead 1206 W North Ave ADDRESS

VS 150-REV. 1/1/68

0 0 0 7 9 9 9

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1
B520

69 8012

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69 8012

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Rev. Harry T. Bank s

2. DATE OF DEATH: Known ☒ Estimated ☐ — Month 8 Day 3 Year 69 Hour 8:20 p. M.

3. DATE PRONOUNCED DEAD: Month 8 Day 3 Year 69 Hour 8:20 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 1207 Edmondson Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1601
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1207 Edmondson Ave.

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH
10. AGE (in years last birthday): 77 — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ?
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Preacher
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: ?
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 214-10-0179
18. INFORMANT: M s Smith — ADDRESS: 1145 Carrollton Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
412.4
(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 8/4/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969
25B. NAME OF REGISTRAR: Robert C. Talbert, M.D.
25C. FUNERAL DIRECTOR: Halstead — ADDRESS: 1206 W north Ave

VS 151-REV. 7/1/68

1 3 6 9 0 0 0 8 0 0 0

M 5-26

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8013

REG. NO. 69 8013

1. NAME OF DECEASED (Type or Print): PAULINE MANOWSKI (MANOWSKA

2. DATE AND HOUR OF DEATH: 8/7/69 10 30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 JHH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Balto B. COUNTY: MD 201

C. CITY OR TOWN:

D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 2020 GOUGH ST

5. SEX: F

6. RACE: W

7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6/23/95

9. AGE (In years last birthday): 74

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HW

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): POLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS PAWELCZYK

14. MOTHER'S MAIDEN NAME: JOSEPHINE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: BERTHA WOJNOWSKI ADDRESS: 2020 GOUGH ST.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
412.2	(A) IMMEDIATE CAUSE: CARDIAC ARREST	30 MIN
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) ACUTE PULMONARY EDEMA	several hours
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Hypertensive CV disease	many years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): —

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? — (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8/7/69 19 to 8/7/69 19 that (I) (we) last saw the deceased alive on 8/7/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: George J. Berakha MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 8/7/69

23C. PHYSICIAN'S NAME (Type): GEORGE J. BERAKHA MD DEGREE

23D. ADDRESS: JHH, Balto, Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: AUG. 11, 1969

24C. NAME of CEMETERY or CREMATORY: HOLY ROSARY CEMETERY

24D. LOCATION (City, town, or county) (State): DUNDALK MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969

25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.

25C. FUNERAL DIRECTOR: JOHN O. MOEBER & SONS INC. ADDRESS: 401 S. CHESTER ST

VS 150-REV. 1/1/68

W160 1

69 8014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8014

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James A (Stanislaus) Weber

2. DATE AND HOUR OF DEATH: August 9th 1969 7:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

90 Mt.Sinai Nursing Home ,Inc. 4613 Park Heig ht Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 104

C. CITY OR TOWN: Baltimore 21231 D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2126 Fleet Street

5. SEX: Male

6. RACE: Whit e

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11/8/1888

9. AGE (In years last birthday): 80

If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10B. KIND OF BUSINESS OR INDUSTRY: Ja nitor

11. BIRTHPLACE (State or foreign country): Baltimore,Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vincent Weber

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-10-1723

17. INFORMANT: Mrs.Frances Weber ADDRESS: 2126 Fleet Street

CAUSE OF DEATH

18. 436.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pneumonia, aspiration — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 Da.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Multiple CVA's — several years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Status - past visit [illegible] — several years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from July 25 1969 to Aug 9 1969, that (I) (we) last saw the deceased alive on Aug 9 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Seymour H. Rubin DEGREE: Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 8/9/69

23C. PHYSICIAN'S NAME (Type): Seymour H. Rubin DEGREE:

23D. ADDRESS: 5415 Park Heights Ave

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/12/69

24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore,Maryland.

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969

25B. NAME OF REGISTRAR: Robert E. Talbey M.D.

25C. FUNERAL DIRECTOR: George A.Weber ADDRESS: 705 South Ann Street

1 9 6 9 0 0 0 8 0 0 0 2

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

E. 461 1

69 8015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8015

BIRTH NO.

1. NAME OF DECEASED (Type or Print) C. R. Lee Ellerbe (Ellerbe)

2. DATE AND HOUR OF DEATH 8/9/69 10 30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) University of Maryland Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 806
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER 1811 Broadway

5. SEX M 6. RACE N 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 12-29-08 9. AGE (In years last birthday) 60 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor 10B. KIND OF BUSINESS OR INDUSTRY Maryland Drydock

11. BIRTHPLACE (State or foreign country) N. Carolina 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Ellerbe 14. MOTHER'S MAIDEN NAME Ella Pickett

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-09-7444 17. INFORMANT Julia Highsmith ADDRESS 1405 N. Carolina St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 162/1 X 303.2

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Bronchogenic Carcinoma

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Chronic Alcoholism

19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) ~~Yes~~ NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/7 1969 to 8/9 1969 that (I) (we) last saw the deceased alive on 8/9 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Richard A Baum, M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED 8/9/69

23C. PHYSICIAN'S NAME (Type) DEGREE 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE August/69 24C. NAME of CEMETERY or CREMATORY Mt Calvary Cem. 24D. LOCATION (City, town, or county) (State) A. A. County Md.

25A. DATE REC'D BY HEALTH DEPT. AUG 11 1969 25B. NAME OF REGISTRAR Albert E. Jaffee, M.D. 25C. FUNERAL DIRECTOR Elbert ADDRESS Fun Home 1129 N. Caro

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-2501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8016 REG. NO. 69 8016

1. NAME OF DECEASED (Type or Print): MASON, JAMES

2. DATE AND HOUR OF DEATH: 8-6-69 2 50 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 1302

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2423 Callow Ave

5. SEX: Male 6. RACE: Colored 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] Sep.

8. DATE OF BIRTH: Feb 28, 1917 9. AGE (In years last birthday): 52 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Llewellyn Mason 14. MOTHER'S MAIDEN NAME: Bessie Gough

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Bessie Strickland ADDRESS: 1129 N. Carlisle

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.01-997.9

(A) IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCTION — 1 HOUR

DUE TO, OR AS A CONSEQUENCE OF:

(B) HYPERTENSIVE CARDIAC DISEASE — 4 YRS.

DUE TO, OR AS A CONSEQUENCE OF:

(C) CONGESTIVE HEART FAILURE — JULY 1968

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): LUES TREATED — 1968

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-17-1968 to 8-6-1969, that (I) (we) last saw the deceased alive on 8-6 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard Tyson, M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 8-7-69

23C. PHYSICIAN'S NAME (Type): RICHARD F. TYSON, M. D. DEGREE

23D. ADDRESS: RICHARD F. TYSON, M. D. 2320 EUTAW PLACE BALTIMORE, MD. 21217

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: Aug 11/69 24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem. 24D. LOCATION (City, town, or county) (State): Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969 25B. NAME OF REGISTRAR: [illegible] 25C. FUNERAL DIRECTOR: Milburn E. Clickner ADDRESS: 1129 N. Carlisle

VS 1S0-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-5201

NON MED PER DR. KORNBLOOM

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8017 REG. NO. 69 8017

1. NAME OF DECEASED (Type or Print): Jones, Campbell

2. DATE AND HOUR OF DEATH: 8/7/69 @ 6:20 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1601
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 827 N. ARLINGTON AVENUE

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 9-11-92
9. AGE (In years last birthday): 76
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Longshoreman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: HANNA JONES
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No-
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212 07 1206
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 412.4 + 185 X

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiovascular collapse
DUE TO, OR AS A CONSEQUENCE OF: ASCVD, pop cholecystectomy
(B) DUE TO, OR AS A CONSEQUENCE OF: renal failure c̄ peritonitis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1-2 weeks
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: Ca prostate

19A. DATE OF OPERATION: 1/8/7
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: perforated gall bladder
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?:

22. I certify that I (this hospital) attended the deceased from 7/27 1969 to 8/7 1969 that I (we) last saw the deceased alive on 8/7 at 6:20 pm 1969 and that I (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael Jones MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/7/69
23C. PHYSICIAN'S NAME (Type): MICHAEL JONES MD DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 9/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial
24D. LOCATION (City, town, or county) (State): Arbutus, Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969
25B. NAME OF REGISTRAR: 96902
25C. FUNERAL DIRECTOR: [illegible] ADDRESS: 1129 N. Caroline St

VS 150-REV. 1/1/68

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W 430

69 8018 BALTIMORE CITY HEALTH DEPARTMENT 69 8018

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): WILLIAM ALLEN WILHOIT

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 8 Year 1969 Hour 12:45 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1205
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1314 Greenmount Avenue

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 1-17-52
10. AGE (In years last birthday): 17 If Under 1 Yr. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Wilhoit

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Mary L. Redd

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mary L. Wilson ADDRESS: 1314 Greenmount Ave. 21202

MEDICAL CERTIFICATION

19. E965X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Gunshot wound of head

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 300 blk. E. Lanvale Street 1205

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): August 7, 1969 10:35 P.M.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Gunshot wound of head

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8/8/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-12-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969
25B. NAME OF REGISTRAR: Alfred E. Seeberg M.D.
25C. FUNERAL DIRECTOR: Marshall W. Jones, Jr. ADDRESS: 1735 Harford Av. 21213

VS 151-REV. 1/1/68 N 854 9 5 9 0 0 0 8 0 0 6

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-612 69 8019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8019

1. NAME OF DECEASED (Type or Print): Josephine A. Gervasi

2. DATE AND HOUR OF DEATH: Aug. 7, 1969 3:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 4901 Stafford St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 2531
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4901 Stafford Street

5. SEX: Female 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Apr. 2, 1924 9. AGE (In years last birthday): 45 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Personnel Assisstant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Gervasi
14. MOTHER'S MAIDEN NAME: Natalie Di Prima

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Theresa A. Longo - 4901 Stafford St. 21229 ADDRESS

MEDICAL CERTIFICATION

18. 1553.8 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) IMMEDIATE CAUSE: Carcinomatosis, original
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan 1968 to Aug 7 1969, that (I) (we) last saw the deceased alive on Aug 6 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) (did not) view the body after death.

23A. SIGNATURE: David R. Well, M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Aug 8, 1969
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: Medical Arts Bldg. Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Entombment
24B. DATE: 8-9-69
24C. NAME of CEMETERY or CREMATORY: Dulaney Valley
24D. LOCATION (City, town, or county) (State): Lutherville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 11 1969
25B. NAME OF REGISTRAR: Geo. E. Farber M.D.
25C. FUNERAL DIRECTOR: Morris P. Cremins ADDRESS: 4600 Lit Hyde Ave

VS 150-REV. 1/1/68B

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-360 69 8020

REG. NO. 69 8020

1. NAME OF DECEASED (Type or Print): LEO RITTER

2. DATE AND HOUR OF DEATH: 8-6-69 8:15 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2745

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4009 FLEETWOOD AVE.

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3-29-03

9. AGE (In years last birthday): 66

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LOFTSMAN

10B. KIND OF BUSINESS OR INDUSTRY: MD. DRYDOCK

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: PETER J. RITTER

14. MOTHER'S MAIDEN NAME: KATHERINE BRADLEY

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-14-0005

17. INFORMANT: Miss KATHERINE RITTER ADDRESS: 4009 FLEETWOOD AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.4

(A) IMMEDIATE CAUSE: ASCVD — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 years

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Pulmonary emphysema (CVD) — 20 years

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/4 1969 to 8/6 1969 that (I) (we) last saw the deceased alive on 8/6 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas R. Griggs MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 8/6/69

23C. PHYSICIAN'S NAME (Type): THOMAS R. GRIGGS DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8/11/69

24C. NAME of CEMETERY or CREMATORY: HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.

25C. FUNERAL DIRECTOR: JOHN C. MILLER INC. ADDRESS: 6415 BELAIR RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

54-83-83 CS

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-540 69 8021

REG. NO. 69 8021

1. NAME OF DECEASED (Type or Print): Sylvester Connelly

2. DATE AND HOUR OF DEATH: 8-7-69 7:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals 31 4940 EasternAve. Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2608

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3730 Gough St. Baltimore, Md. 21224 007

5. SEX: Male

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Sept. 9, 1900

9. AGE (In years last birthday): 68

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Balto. City Worker

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John P. Connelly

14. MOTHER'S MAIDEN NAME: Anna E. Wolf

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.: 213-07-7777

17. INFORMANT: BCH Records

ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4222 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 hrs.

DUE TO, OR AS A CONSEQUENCE OF: ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-7 (11AM) 1969 to 8-7- (1:30 PM) 1969, that (I) (we) last saw the deceased alive on 8-7 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G. Winston Gragg, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8-7-69

23C. PHYSICIAN'S NAME (Type): G. Winston Gragg M.D. DEGREE

23D. ADDRESS: Baltimore, City Hospitals 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-11-69.

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State): 4430 Belair Rd., Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Yaiser, M.D.

25C. FUNERAL DIRECTOR: Charles J. Geiler

ADDRESS: 901 S. Conkling St. Balto., 21224, Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. P. 400 69 8022

REG. NO. 69 8022

1. NAME OF DECEASED (Type or Print): GEORGE PFEIL

2. DATE AND HOUR OF DEATH: August 6, 1969 9:20 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Belaire-House in the Pines, 5837 Belair Rd., Baltimore, 21206, Md.

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2609
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3516 Elliott St. # 21224.

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: June 17, 1891
9. AGE (In years last birthday): 78
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Piano-Tuner
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frederick Pfeil
14. MOTHER'S MAIDEN NAME: Margaret Herrman
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: 218-28-0432
17. INFORMANT: Catherine B. Riley
ADDRESS: 2910 Edison Highway Balto., 13, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
412.4	(A) IMMEDIATE CAUSE: Myocardial Failure	?
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Arteriosclerotic C.V. Disease	?
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 1969 to Aug 6 1969, that (I) (we) last saw the deceased alive on June 16 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. H. Gaskel MD. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8-8-69
23C. PHYSICIAN'S NAME (Type): JASON H. GASKEL DEGREE
23D. ADDRESS: 637 S. Conkling St., Balto., 21224, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-9-69.
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): 7225 Eastern Blvd., Balt. Co., Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles Geiter
ADDRESS: 901 S. Conkling St. Balto., 21224, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-252 69 8023

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8023

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): DISHONG , FLORENCE MARY

2. DATE AND HOUR OF DEATH: AUGUST 8, 1969 3:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL WILKENS & CATON AVES BALTIMORE MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Howard 6300
C. CITY OR TOWN: ~~BALTIMORE~~ Ellicott City
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 935 OELLA AVE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-20-20
9. AGE (In years last birthday): 49 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SEWER
10B. KIND OF BUSINESS OR INDUSTRY: Woolen Mill
11. BIRTHPLACE (State or foreign country): ~~XXXXX~~ NEW HAMPSHIRE
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: HAROLD JACKSON
14. MOTHER'S MAIDEN NAME: ANNA ~~TRIPLER~~ TRIPLETT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: ST AGNES HOSPITAL WILKENS & CATON AVES — ADDRESS: BALTIMORE MD. 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary edema. Subarachnoid Hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF: Hypertension

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) Pheochromocytoma.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from AUGUST 7 19 69 to AUGUST 8 19 69 that ~~(I)~~ (we) last saw the deceased alive on AUGUST 8 19 69 and that ~~I~~ (my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: A. Shams M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 08 08 69
23C. PHYSICIAN'S NAME (Type): A SHAMS MD DEGREE
23D. ADDRESS: CATON & WILKENS AVE BALTO MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-11-1969
24C. NAME of CEMETERY or CREMATORY: Good Shepherd
24D. LOCATION (City, town, or county) (State): Ellicott City Howard Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Higinbotham-Slack, Ellicott City, Md — ADDRESS: John Walsh

VS 150-REV. 1/1/68

BIRTH NO. C-410 69 8024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8024

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): CALP, BARBARA ALBERTA

2. DATE AND HOUR OF DEATH: AUGUST 5, 1969 6:15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: carroll 5600
C. CITY OR TOWN: MANCHESTER D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: WAREHIME ROAD

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 02 20 48 9. AGE (In years last birthday): 21 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OPERATOR
10B. KIND OF BUSINESS OR INDUSTRY: HAMPSTEAD CLOTHING
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: ALBERT HARRIS
14. MOTHER'S MAIDEN NAME: LILLIAN HOLEND

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220 54 6527
17. INFORMANT: ST AGNES HOSP. CATON & WILKENS AVE — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 431.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intracerebral Hemorrhage, rt Temporal — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Mild pulmonary edema.

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUG. 3 1969 to AUG. 5 1969 that (I) (we) last saw the deceased alive on AUG. 5 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tse-Shiung Wu DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-6-69
23C. PHYSICIAN'S NAME (Type): DR. TSE-SHIUNG WU MD. DEGREE
23D. ADDRESS: ST AGNES HOSPITAL BALTO MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 8, 1969
24C. NAME of CEMETERY or CREMATORY: St. Peter's Cemetery
24D. LOCATION (City, town, or county) (State): Hampstead, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Valbey, M.D.
25C. FUNERAL DIRECTOR: Tipton - Eline Funeral Home Hampstead, Md. — ADDRESS

VS 150-REV. 1/1/68

S-300

BIRTH NO. 69 8025

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69 8025

1. NAME OF DECEASED (Type or Print): SCOTT, FLORA

2. DATE AND HOUR OF DEATH: 8-7-69 | 4:30 A. M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HARFORD GARDENS CONVALESCENT HOME 4700 Harford Rd. BALTIMORE, Md. 21214

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE: Md.
B. COUNTY: Pine Ridge Nursing Home
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore 21214 2702
D. STREET ADDRESS (If rural, give location): 4703 Hampnett Ave.

5. SEX: Fe
6. RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
8. DATE OF BIRTH: Aug. 21, 1887
9. AGE (In years last birthday): 82 yrs.
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Lamotte
14. MOTHER'S MAIDEN NAME: Myerley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Homer Lamotte (Brother)
ADDRESS: 408 Winston Ave. Baltimore, Md.

MEDICAL CERTIFICATION

18. 4-12-7 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Arteriosclerotic Cardio-vascular Disease — Several years

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1966 19 to August 19 69, that (I) (~~we~~) last saw the deceased alive on August 6 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Loy M. Zimmerman M.D. Attending Phys. ☑ Med. Director ☑ Staff Phys. ☐
23B. DATE SIGNED: 8/12/69
23C. PHYSICIAN'S NAME (Type): Loy M. Zimmerman M.D.
23D. ADDRESS: 3202 Harford Rd Baltimore Md

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 9, 1969
24C. NAME of CEMETERY or CREMATORY: Hampstead Cemetery
24D. LOCATION (City, town, or county) (State): Hampstead, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Tipton - Eline Funeral Home
ADDRESS: Hampstead, Md.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-520 69 8026

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69 8026

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Milton J. Amoss

2. DATE AND HOUR OF DEATH: ~~7/4/69~~ 8/4/69 M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND — FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 44 Union Mem. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 901
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 4014 ~~Wilsly~~ Wilsby Ave.

5. SEX: M
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
8. DATE OF BIRTH: 11/3/05
9. AGE (In years last birthday): 63
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10B. KIND OF BUSINESS OR INDUSTRY: Crown Cork&Seal
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW2
16. SOCIAL SECURITY NO.: 213-01-0290
17. INFORMANT: Fannie M. Amoss ADDRESS: (same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) 410.9 Confined to City Hospt DUE TO acute fibrillation. — 6 mos. ago.
(B) DUE TO
(C) Still an outpatient cardiac clinic. — Coronary thrombosis

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?: 0
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Aug. 4, 1969 to Aug. 4, 1969 that (I) (~~we~~) last saw the deceased alive on Aug. 4, 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: J. Willis Guyton M.D. — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/6/69
23C. PHYSICIAN'S NAME (Type): J. Willis Guyton M.D.
23D. ADDRESS: 3961 Greenmount Ave.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/7/69
24C. NAME of CEMETERY or CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Paul E. Chenoweth ADDRESS: 3rd 3617 Chestnut Ave.

VS 150-REV. 1/1/65

0 0 1 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-300 69 8027 REG. NO. 69 8027

1. NAME OF DECEASED (Type or Print): Mary A. Reedy

2. DATE AND HOUR OF DEATH: ~~7/5/69~~ 5 August 1969 7 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3173 Keswick Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1305
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3173 Keswick Rd.

5. SEX: F 6. RACE: W 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12/29/03 9. AGE (In years last birthday): 65 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Monumental Printers

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 222-24-7931

17. INFORMANT: Herman F. Reedy ADDRESS: 3173 Keswick Rd.

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. 156.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma common

DUE TO, OR AS A CONSEQUENCE OF:

(B) bile duct

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 17 July 69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma common bile duct

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 27 June 1969 to 5 August 1969, that (I) (~~we~~) last saw the deceased alive on 5 August 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John W Barnaby MD DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8 Aug 69

23C. PHYSICIAN'S NAME (Type): JOHN W BARNABY DEGREE

23D. ADDRESS: 1657 E Belvedere Ave

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/9/69

24C. NAME of CEMETERY or CREMATORY: Dulaney Vally

24D. LOCATION (City, town, or county) (State): Balto. Co.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Tabey M.D.

25C. FUNERAL DIRECTOR: Paul F. Chenoweth 3rd. ADDRESS: 3617 Chestnut Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

K-530 69 8028

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8028

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Kennedy

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 8 Day: 3 Year: 69 Hour: 10:56p.m.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 3 Year: 69 Hour: 10:56 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
44 Union Memorial Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1348
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 1472 Medfield Ave.

6. SEX: male
7. RACE: white
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 4/5/10
10. AGE (In years last birthday): 59
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: ?
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Ethel V. Kennedy ADDRESS: 1472 Medfield Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Rupture of arteriosclerotic aortic aneurysm
~~DUE TO, OR AS A CONSEQUENCE OF:~~

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type) Werner U. Spitz, M.D. M.D. Deputy Chief Medical Examiner

DATE SIGNED: 8/4/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/8/69
24C. NAME of CEMETERY or CREMATORY: St. Mary's
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969 Robert E. Faber, M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Paul E. Chenoweth 3rd ADDRESS: 3617 Chestnut Ave.

VS 151-REV. 1/1/68

1969 0 0 0 8 0 1 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-543 69 8029 REG. NO. 69 8029

1. NAME OF DECEASED (Type or Print): Elizabeth H. Hamilton

2. DATE AND HOUR OF DEATH: August 7, 1969 4:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1021 Union Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1307
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1021 Union Ave.

5. SEX: Female 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7/22/08 9. AGE (In years last birthday): 61 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James C. Hamilton 14. MOTHER'S MAIDEN NAME: Emma Meyers

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Russell C. Hamilton ADDRESS: 1021 Union Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Coronary Thrombosis	Sudden
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Hypertensive C-V disease	17 years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 5-13- 1952 to 8-7 1969, that (I) (~~we~~) last saw the deceased alive on 7-5 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Reuben Hoffman, M.D. DEGREE Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 8-7-69

23C. PHYSICIAN'S NAME (Type): REUBEN HOFFMAN M.D. DEGREE 23D. ADDRESS: 846 W. 36th St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8/11/69 24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969 25B. NAME OF REGISTRAR: Robert E. Foley M.D. 25C. FUNERAL DIRECTOR: Ann Donovan ADDRESS: 3818 Roland Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-520 69 8030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8030

1. NAME OF DECEASED (Type or Print): ALBERT REINKE

2. DATE AND HOUR OF DEATH: 8-6-69 9.45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: 401
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 5 E. MULBERRY ST

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11-7-10 9. AGE (In years last birthday): 58 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sun Papers
10B. KIND OF BUSINESS OR INDUSTRY: Checker (Clerical)
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Reinke
14. MOTHER'S MAIDEN NAME: Alma JUENGST

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.: 212-05-9420
17. INFORMANT: Mrs. Margaret J. Reinke ADDRESS: Baltimore, Maryland 5 E. Mulberry St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiogenic shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Acute myocardial infarction — -
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

410.9

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8-6-69 (3.35 am) 1969 to 8-6-69 (9.45 am) 1969 that (I) (~~we~~) last saw the deceased alive on 8-6-~~69~~ 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: C Limas DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8-6-69
23C. PHYSICIAN'S NAME (Type): Constantius J. Limas DEGREE
23D. ADDRESS: MERCY HOSPITAL, INC.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/1969
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Easton Funeral Home ADDRESS: Catonsville, Md.

VS 150-REV. 1/1/68

J-520 69 8031

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8031

1. NAME OF DECEASED (Type or Print): LANDORIA JONES

2. DATE AND HOUR OF DEATH: AUG 2, 1969 | 4:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

44

4. USUAL RESIDENCE (Where decoased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1202

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3012 VINEYARD LANE

5. SEX: F

6. RACE: BLACK

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: FEB 16, 1880

9. AGE (In years last birthday): 89

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DIETITIAN

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: EDWARD JENKINS

14. MOTHER'S MAIDEN NAME: MARY FIELDS VIRGINIA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212105753 F2

17. INFORMANT: MARY LEE JONES

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

436.9

(A) IMMEDIATE CAUSE: Cerebro-Vascular

DUE TO, OR AS A CONSEQUENCE OF: Accident, probably Thrombosis

(B) Arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(C) Dehydration

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days

D.H.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): ~~No~~ Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 30 1969 to AUG 2 1969 that (I) (we) last saw the deceased alive on AUG 2 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sui Lit Yu M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8-2-69

23C. PHYSICIAN'S NAME (Type): SUI LIT YU M.D. DEGREE

23D. ADDRESS: UNION MEMORIAL HOSP. BALTO., MD

24A. BURIAL CREMATION, REMOVAL (Specify): Shipped

24B. DATE: 8-9-69

24C. NAME of CEMETERY or CREMATORY:

24D. LOCATION (City, town, or county) (State): Lynchburg Virginia

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.

25C. FUNERAL DIRECTOR: Roper Sanders

ADDRESS: 217 E. Preston St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

39-98-21 DD 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8032

BIRTH NO. B-152 69 8032

1. NAME OF DECEASED (Type or Print): ROBINSON, JOE

2. DATE AND HOUR OF DEATH: 10:15 AM 8/1/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS, 4940 EASTERN AVENUE, BALTIMORE, MARYLAND 21224

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MARYLAND
B. COUNTY: 21218 908
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2103 N. BOONE ST.

5. SEX: M
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 9-27-05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ? Laborer
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ALABAMA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ABE Robinson
14. MOTHER'S MAIDEN NAME: PHEBIE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: UNK
17. INFORMANT: BCH RECORDS—4940 EASTERN AVENUE BALTO. MD. ADDRESS 21224

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 189.0 + 011.9

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Respiratory Arrest	10 min
DUE TO, OR AS A CONSEQUENCE OF: (B)	(R) Lobar Pneumonia	2 wks
DUE TO, OR AS A CONSEQUENCE OF: (C)	Metastatic Carcinoma	4 mo.
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Pulmonary TBC-past, adenoca of kidney	4 yrs 4 yrs

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 7/16/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Persistent vomiting
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-23- 19 69 to 8-1- 19 69, that (I) (we) last saw the deceased alive on 8-1- 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. J. Holliday, M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/1/69
23C. PHYSICIAN'S NAME (Type): M. J. HOLLIDAY, M.D. DEGREE
23D. ADDRESS: BCH 4940 EASTERN AVENUE BALTIMORE, MARYLAND #21224

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-9-69
24C. NAME of CEMETERY or CREMATORY: MT. CALVARY CEM.
24D. LOCATION (City, town, or county) (State): A.A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: MAYO H. JONES ADDRESS 1735 HARFORD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-220 69 8033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8033

1. NAME OF DECEASED (Type or Print): Ernest S. Hughes

2. DATE AND HOUR OF DEATH: 5 35 AM 8-Aug-69 | 5 35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Washington, D.C. V-48
B. COUNTY:
C. CITY OR TOWN: Washington DC
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1301 Cochran St

5. SEX: M
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11-Dec-99
9. AGE (In years last birthday): 69
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None Given
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ernest S Hughes
14. MOTHER'S MAIDEN NAME: Martha Jane Morre

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-24-6402
17. INFORMANT: Velo Pantlow
ADDRESS: 2908 Denham Circle

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia (Probable tb) — Approximate interval between onset and death: Undetermined
DUE TO, OR AS A CONSEQUENCE OF:

(B) (P) Hemiparesis - CVA — 16 days
DUE TO, OR AS A CONSEQUENCE OF:

(C) Colostomy (Rectal Ca.) — ~ 2 years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Arteriosclerotic Cardiovascular Dis. — Undetermined

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 22 July 1969 to 8-Aug 1969 that (I) ~~(we)~~ last saw the deceased alive on 8-Aug 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Richard E Fisher M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-Aug-69
23C. PHYSICIAN'S NAME (Type): Richard E Fisher M.D. DEGREE
23D. ADDRESS: South Balt. General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/12/69
24C. NAME of CEMETERY or CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Baltimore

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Thos. Dwyer
ADDRESS: 1338 Gilmor St

VS 150-REV. 1/1/68

1

M-245 69 8034

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8034

BIRTH NO.

2X

1. NAME OF DECEASED (Type or Print): CURTIS A. McCULLUM

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 10 Year 1969 Hour 12:30 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNITED STATES PUBLIC HEATH HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 808

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 12-19-1943

10. AGE (In years last birthday): 25 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 2013 E. Preston Street

11. BIRTHPLACE (State or foreign country): BALTO MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ALVA A. McCULLUM

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SEAMAN

14B. KIND OF BUSINESS OR INDUSTRY: MARITIME

15. MOTHER'S MAIDEN NAME: MARGARET ENGLISH

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: MARGARET McCULLUM ADDRESS: 2013 E. PRESTON

MEDICAL CERTIFICATION

19. E966 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Stab wound of head

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): In front of 913 Broadway 704

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): July 27, 1969 10:55 P.m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Stabbed during altercation

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 8/11/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/13/69

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem PK

24D. LOCATION (City, town, or county) (State): Baltimore 21227

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: Marshall R. Hopps ADDRESS: 638 N. Gilmor

VS 151-REV. 1/1/68

N 854 069 0 0 0 0 0 0 0 0

54-71-16 JD 1
A450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8035 REG. NO. 69 8035

1. NAME OF DECEASED (Type or Print): Izetta Allen

2. DATE AND HOUR OF DEATH: 8-7-69 1530 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
31 BALTIMORE CITY HOSPITALS
4940 EASTERN AVE. BALTIMORE, MD. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 005 22 5300
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 250 CHESTNUT ST.

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-22-03
9. AGE (In years last birthday): 66
If Under 1 Yr. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert Mickens
14. MOTHER'S MAIDEN NAME: Alberta J. Mickens
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
If yes, give war or dates of service:
16. SOCIAL SECURITY NO. 212-18-0403 A
17. INFORMANT: BCH Records ADDRESS: 4940 Eastern Ave. Baltimore, md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO, OR AS A CONSEQUENCE OF:
(B) CVA — 2 wks.
DUE TO, OR AS A CONSEQUENCE OF:
(C) HCVD

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-21 1969 to 8-7 1969, that (I) (we) last saw the deceased alive on 8-7 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G. Winston Gragg, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-7-69
23C. PHYSICIAN'S NAME (Type): G. WINSTON GRAGG M.D. DEGREE
23D. ADDRESS: Baltimore city hospitals 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-11-69
24C. NAME OF CEMETERY or CREMATORY: Baltimore Nat'l
24D. LOCATION (City, town, or county) (State): Baltimore Md
25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Stephen Wilson 1913 Druid Hill Ave (ADDRESS)

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-455 69 8036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8036

1. NAME OF DECEASED (Type or Print): POEHLMAN , CATHERINE

2. DATE AND HOUR OF DEATH: 8-8-69 | 8:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL WILKENS & CATON AVE. BALTIMORE, MD. 21228

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BALTO. MARYLAND
B. COUNTY: BALTO. CO. 5300
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: 11 WINTERS LANE, BALTO 21218

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 08-14-74
9. AGE (In years last birthday): 94
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOSEPH KAISER DEC'D
14. MOTHER'S MAIDEN NAME: MARY JANE (HOOKER) DEC'D
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-48-3619-J1
17. INFORMANT: ST. AGNES RECORD ROOM
ADDRESS: WILKENS & CATON

MEDICAL CERTIFICATION

18. 410.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC FAILURE
DUE TO, OR AS A CONSEQUENCE OF:
(B) ACUTE MYOCARDIAL INFARCTION 24 hours
DUE TO, OR AS A CONSEQUENCE OF:
(C) ARTERIOSCLEROTIC CARDIOPATHY

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from 8-7 1969 to 8-8- 1969 that (X) (we) last saw the deceased alive on 8-8 1969 and that (X) (my) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Julio Freijanes M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/8/1965
23C. PHYSICIAN'S NAME (Type): JULIO FREIJANES DEGREE
23D. ADDRESS: ST. AGNES HOSPITAL WILKENS AND CATON AVES.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/11/69
24C. NAME of CEMETERY or CREMATORY: CATHEDRAL
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: E. Tomas Babb
ADDRESS: 21228

VS 150-REV. 1/1/68

53-24-89 IT 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8037

BIRTH NO. W-160 69 8037

1. NAME OF DECEASED (Type or Print): MABEL WEBER

2. DATE AND HOUR OF DEATH: AUG 7 1969 1:25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS, 4940 EASTERN AVENUE, BALTIMORE, MARYLAND #21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE Co 53-00
C. CITY OR TOWN: Essex
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 317 WYE ROAD #21221

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 3-11-1893
9. AGE (In years last birthday): 76
If Under 1 Yr. Months Days / If Under 24 Hrs. Hours Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Hoem
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: ? Anderson
14. MOTHER'S MAIDEN NAME: LAURA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212 05 7601D
17. INFORMANT: RECORDS: BALTIMORE CITY HOSPITALS
ADDRESS: 4940 EASTERN AVENUE #21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

532.9 - 250.9

(A) IMMEDIATE CAUSE: SEPTICEMIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 DAYS

DUE TO, OR AS A CONSEQUENCE OF:

(B) SUBPHRENIC ABSCESS — WEEKS ?

DUE TO, OR AS A CONSEQUENCE OF:

(C) PROBABLE DUODENAL ULCER. — ?

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: DIABETES MELLITUS — YEARS

19A. DATE OF OPERATION: AUG 7 1969
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: TRACHEOSTOMY FOR HYPOXIA
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from JULY 31 1969 to AUG 7 1969, that ~~(I)~~ (we) last saw the deceased alive on AUG 7 1969 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Rolf H. Bessin MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: AUG 7 1969
23C. PHYSICIAN'S NAME (Type): ROLF H. BESSIN MD DEGREE
23D. ADDRESS: BCH 4940 EASTERN AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/69
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Walter E. Yaley, M.D.
25C. FUNERAL DIRECTOR: Brazdzinski Funeral Home
ADDRESS: 1407 Eastern Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

D-120

BIRTH NO. 69 8038

REG. NO. 69 8038

1. NAME OF DECEASED (Type or Print): Sadie J. Davis

2. DATE AND HOUR OF DEATH: 8/8/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 827 W34th St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 1306

C. CITY OR TOWN: Balt. D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 827 W34th St

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 1/31/02

9. AGE (In years last birthday): 67 | If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 215-05-1511

17. INFORMANT: Bernice Hill ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

16201

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Oct. 1965

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 10-30 19 68 to 8-8 19 69, that (I) (~~we~~) last saw the deceased alive on 7/28/69 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Reuben Hoffman, MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8-11-69

23C. PHYSICIAN'S NAME (Type): REUBEN HOFFMAN MD DEGREE

23D. ADDRESS: 846 W. 36th St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/11/69

24C. NAME of CEMETERY or CREMATORY: Gardens of Faith

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.

25C. FUNERAL DIRECTOR: Paul E. Chenoweth ADDRESS: 3rd 3617 Chestnut Ave.

0026

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

W-410 69 8039

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8039

BIRTH NO.

44/99

1. NAME OF DECEASED (Type or Print) Chief CHARLES N. ~~WOLFE~~ WOLF

2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD Month Day Year August 6 1969 Hour 8:25 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
UNION MEMORIAL HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 901
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 836 Dunbarton Avenue

6. SEX Male
7. RACE White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH 7/7/'88
10. AGE (In years last birthday) 81
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ? Wolf
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Salvage Corps
14B. KIND OF BUSINESS OR INDUSTRY Fire Underwriters
15. MOTHER'S MAIDEN NAME Unknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 272-01-6358
18. INFORMANT Mrs. Dorothy E. Biederski ADDRESS 836 Dunbarton Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED 8/6/69

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 8/12/'69
24C. NAME of CEMETERY or CREMATORY Bethel Cemetery
24D. LOCATION (City, town, or county) (State) Windfield, Md.

25A. DATE REC'D BY HEALTH DEPT. AUG 12 1969
25B. NAME OF REGISTRAR Robert E. Farber M.D.
25C. FUNERAL DIRECTOR John A. Morgan, Inc. ADDRESS 3000 E. Baltimore St.

VS 151-REV. 1/1/68

1

K-520 69 8040

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8040

BIRTH NO.

31/99

1. NAME OF DECEASED (Type or Print) ROBERT C. KING	2. DATE OF DEATH Known ☒ Estimated ☐ Month August Day 9 Year 1969 Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital (DOA)	3. DATE PRONOUNCED DEAD Month August Day 9 Year 1969 Hour 10:10 AM.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 2634
6. SEX Male; 7. RACE White; 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Baltimore; D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH 9/18/'11; 10. AGE (In years last birthday) ~~56~~ 57; If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER 4827 Orville Road
11. BIRTHPLACE (State or foreign country) Grasonville, Md.; 12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME William E. King
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Outside Machinist; 14B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel	15. MOTHER'S MAIDEN NAME Druisilla Collier
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes; (If yes, give war or dates of service) WW2; 17. SOCIAL SECURITY NO.	18. INFORMANT Mrs. Ruth M. King; ADDRESS 4827 Orville Rd.

MEDICAL CERTIFICATION

19. 412.4

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) No
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Charles S. Springate M.D.

EXAMINER'S NAME (Type) Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED August 10, 1969

24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/12/'69	24C. NAME of CEMETERY or CREMATORY Gardens of Faith Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. AUG 12 1969	25B. NAME OF REGISTRAR Robert E. Lauber, M.D.	25C. FUNERAL DIRECTOR John A. Morgan, Inc.	ADDRESS 3000 E. Baltimore St.

VS 151-REV. 1/1/68

1969 0 0 8 0 2 8

S-536

BIRTH NO. 69 8041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8041

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Sanders, Mrs. Iona F.

2. DATE AND HOUR OF DEATH: 8.9.69 | 6.35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: Maryland ~~512 E. Lynn Ave.~~ 2005
C. CITY OR TOWN: Balto D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 512 E. Lynn Ave

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 8. DATE OF BIRTH: 3-2-98 9. AGE (In years last birthday): 71 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Balto, Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Louis L Clauss 14. MOTHER'S MAIDEN NAME: Gaily, Dora

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-48-5936
17. INFORMANT: Harry L. Sanders ADDRESS: 3055 Strickland St. 21223

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: C.V.A
DUE TO, OR AS A CONSEQUENCE OF:
(B) A.S.C.V.D
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 7.18 1969 to 8.9 1969, that ~~(I)~~ (we) last saw the deceased alive on 8.9.69 19 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: A. Lalani DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 8.9.69.

23C. PHYSICIAN'S NAME (Type): A. SULTAN. LALANI. M.D DEGREE 23D. ADDRESS: Bon-Secours Hospital, Baltimore, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8-12-69 24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969 25B. NAME OF REGISTRAR: 25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

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VS 150-REV. 1/1/68

J-320 69 8042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8042

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George F. Judge, Sr.

2. DATE AND HOUR OF DEATH: 8/11/69 1:55am M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 5634 Carville Avenue 21227

5. SEX: male

6. RACE: white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6/24/1900

9. AGE (In years last birthday): 69

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Yard Master

10B. KIND OF BUSINESS OR INDUSTRY: B & O Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: (Unknown) Judge

14. MOTHER'S MAIDEN NAME: (Unknown)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Marie E. Judge, 5634 Carville Ave. ADDRESS: Halethorpe, Md. 21227

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: chronic obstructive disease of the lung.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

519.2

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: White At Work ☐ Not White At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A Shams, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): Dr. Abdollah Shams DEGREE

23D. ADDRESS: St. Agnes Hospital, Caton Avenue Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-13-69

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Walter E. Talley, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-360 69 8043 X REG. NO. 69 8043

1. NAME OF DECEASED (Type or Print): Ormand L. Whittier

2. DATE AND HOUR OF DEATH: 8-10-69 5 45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harbor View Nursing Home 90 1213 Light st.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balt. Co. 5300
C. CITY OR TOWN: Balto. 21206
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4201 Wilkens Avenue 21229

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-18-76
9. AGE (In years last birthday): 92 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Paper Hanger
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Evans Whittier.
14. MOTHER'S MAIDEN NAME: Amelia Hedles

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-30-2437
17. INFORMANT: Beulah Paul — ADDRESS: 4201 Wilkens Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. I — 412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Chronic Brain Syndrome

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-2 1969 to 8-10 1969, that (I) (we) last saw the deceased alive on 8-10 1969 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. A. Gongon M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-11-69
23C. PHYSICIAN'S NAME (Type): Dr. A. Gongon, M.D. DEGREE
23D. ADDRESS: Harbor View Nursing Home

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-13-69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard — ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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A-413 69 8044 BALTIMORE CITY HEALTH DEPARTMENT X

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8044

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALEXANDER ALPATOFF

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: August; Day: 9; Year: 1969; Hour: 9:35 A.M.

3. DATE PRONOUNCED DEAD — Month: August; Day: 9; Year: 1969; Hour: 9:35 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Canada; B. COUNTY: V-50

6. SEX: Male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Quebec

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 6-8-1961

10. AGE (In years last birthday): 8

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1410 Lakeshore Drive

11. BIRTHPLACE (State or foreign country): Montreal, Canada

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dimitii Alpatoff

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Galina Mirochnichenko

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: None

18. INFORMANT: Dimitii Alpatoff, Montreal, Canada — ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — E812.1

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple blunt injuries

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): US Rt.301 & State Rt.291-Mellington, Kent County

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8-5-69 10:00 A.m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Passenger in auto-truck collision

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: August 10, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-14-69

24C. NAME of CEMETERY or CREMATORY: Lachine Cemetery

24D. LOCATION (City, town, or county) (State): Lachine, Quebec, Canada

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR — ADDRESS: Howard H. Hubbard 4107 Wilkens Ave. 21229

VS 151-REV. 7/1/68

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C-145 69 8045

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8045

BIRTH NO.

1. NAME OF DECEASED (Type or Print): RUSSELL COPELAND

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: August, Day: 9, Year: 1969, Hour: 8:40 P.M.

3. DATE PRONOUNCED DEAD — Month: August, Day: 9, Year: 1969, Hour: 8:40 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2714
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 216 ~~XXXXXXXXXXXXXX~~ Ridgewood Road 21210

6. SEX: Male
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: Feb. 6, 1899
10. AGE (In years last birthday): 70
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Peter Copeland

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor
14B. KIND OF BUSINESS OR INDUSTRY: Md. State
15. MOTHER'S MAIDEN NAME: Ethel Darr

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WWI
17. SOCIAL SECURITY NO.: 217-10-7375
18. INFORMANT: Mrs. Katherine A. Copeland 216 Ridgewood Rd. ADDRESS: 21210

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E955X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of head
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 216 Richwood Road - Basement Apt. 2714

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8-9-69 6:52 P. m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Shot self

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [X] Homicide [ ] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
DATE SIGNED: August 10, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-13-69
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 151-REV. 7/1/68

N854 V 7 6 7 0 0 0 8 0 3 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. J-162 69 8046

REG. NO. 69 8046

1. NAME OF DECEASED (Type or Print): Leona S. Jefferson

2. DATE AND HOUR OF DEATH: Aug 9, 1969, 6:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hosp 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1538

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3403 FAIRVIEW AVE

5. SEX: F

6. RACE: N

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5/16/27

9. AGE (In years last birthday): 42

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Claims Adj.

10B. KIND OF BUSINESS OR INDUSTRY: Soc. Sec.

11. BIRTHPLACE (State or foreign country): N. J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE L. STANLEY

14. MOTHER'S MAIDEN NAME: ELIZABETH EAKINS

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 131-16-5360

17. INFORMANT: George STANLEY ADDRESS: 1689 DARLEY AVE

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I 183.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO, OR AS A CONSEQUENCE OF:

(B) Heart Failure — one week

DUE TO, OR AS A CONSEQUENCE OF:

(C) Metastatic Ovarian Ca.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 9 1969 to Aug 9 1969 that (I) (we) last saw the deceased alive on Aug 8 1969 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Vermillion, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Aug 9 1969

23C. PHYSICIAN'S NAME (Type): R. Vermillion M.D. DEGREE

23D. ADDRESS: Johns Hopkins Hosp.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8/13/69

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Pk

24D. LOCATION (City, town, or county) (State): Arbutus Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.

25C. FUNERAL DIRECTOR: Joseph H. Locke Jr. ADDRESS: 1304 N. Central Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8047

BIRTH NO. E-223 69 8047

1. NAME OF DECEASED (Type or Print): Emil Echstein

2. DATE AND HOUR OF DEATH: 9 August 1969 | 11 45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Levindale Hebrew Home and Infirmary 91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 27-17
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Belvedere & Greenspring Avenues

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11/6/10
9. AGE (In years last birthday): 58
(If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hosp chart
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — hours.
DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes mellitus,

410.9 + 250.9

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 14 JAN 1969 to 9 August 1969, that I (we) last saw the deceased alive on 9 August 1969 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) [illegible] view the body after death.

23A. SIGNATURE: Morris Ostroff, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9 Aug 1969
23C. PHYSICIAN'S NAME (Type): Morris Ostroff, MD DEGREE
23D. ADDRESS: 3020 Fallstaff Manor, Balt Md 21209

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/69
24C. NAME of CEMETERY or CREMATORY: MT CARMEL
24D. LOCATION (City, town, or county): Balto (State): Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969 Robert
25B. NAME OF REGISTRAR: E. Jeffery, M.D.
25C. FUNERAL DIRECTOR: Seydrowski Lewis & Son
ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-450

BIRTH NO. 69 8048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 69 8048

1. NAME OF DECEASED (Type or Print): LAWRENCE V. CALHOUN
Lawrence Calhoun

2. DATE AND HOUR OF DEATH: 8/7/1969 8/7/69 8:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Hollywood ST MARY'S CO
C. CITY OR TOWN: HOLLYWOOD
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Box 299

5. SEX: M
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3/4/10
9. AGE (In years last birthday): 59
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): USA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM CALHOUN
14. MOTHER'S MAIDEN NAME: VERA TUTWILER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Algene W. Calhoun
ADDRESS: Rt.2 Box 299 Hollywood,Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 199.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Renal Failure
DUE TO, OR AS A CONSEQUENCE OF:

(B) Metastatic Carcinomat
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 7/16 1969 to 8/7 1969 that ~~(I)~~ (we) last saw the deceased alive on 8/7 1969 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: John A. Stobo DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/7/69
23C. PHYSICIAN'S NAME (Type): JOHN A. STOBO DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: Aug. 11, 1969
24C. NAME of CEMETERY or CREMATORY: TRINITY MEMORIAL GARDENS
24D. LOCATION (City, town, or county) (State): WALDORF, CHARLES, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: W. CLARKE MATTINGLEY
ADDRESS: LEONARDTOWN, MARYLAND

9 0 0 2 8 0 3 6

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-000 69 8049

REG. NO. 69 8049

1. NAME OF DECEASED (Type or Print): George C. Leyhe

2. DATE AND HOUR OF DEATH: 8-9-69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Anderson Nursing Home

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 2841
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4700 Liberty Hghts. Avenue 21207

5. SEX: Male
6. RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3-6-1889
9. AGE (In years last birthday): 80
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christian Leyhe
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-16-6281
17. INFORMANT: Harry Leyhe
ADDRESS: 3705 Valley Hill Dr. 21133

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 440.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Senile Dementia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Generalized Arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Osteoporosis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Acute Anemia - Iron Def.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas C. Abbott DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8-11-69
23C. PHYSICIAN'S NAME (Type): Thos C. Abbott DEGREE
23D. ADDRESS: 4509 Liberty Heights Ave

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-12-69
24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Armacost Funeral Chapel
ADDRESS: 4600 Liberty Hts.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-000 69 8050

REG. NO. 69 8050

1. NAME OF DECEASED (Type or Print): Clarence Lee

2. DATE AND HOUR OF DEATH: 8-9-69 | 12 05 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 1305

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3202 Chestout Ave

5. SEX: M 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [✓]

8. DATE OF BIRTH: 4-16-07 9. AGE (In years last birthday): 62 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffer

10B. KIND OF BUSINESS OR INDUSTRY: Cab Company

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert E. Lee

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218 07 7792

17. INFORMANT: Ronald Lee ADDRESS: 17 Warren Lodge Ct 21030

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

410.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute myocardial infarction (suspected) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) A.S.C.V.D. (P.H.) myocardial infarct — yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Thyroid goiter — yrs.

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-9 1969 to 8-9 1969 that (I) (~~we~~) last saw the deceased alive on 8-9 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Philip H. Moore M.D. DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 8-9-69.

23C. PHYSICIANS NAME (Type) DEGREE:

23D. ADDRESS:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12 Aug 1969

24C. NAME of CEMETERY or CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Walter Henry Burger Funeral Home ADDRESS: 3631 Falls Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-426 69 8051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8051

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANNIE BUCKLEY BLACKHURST
ANNIE BLACKHURST

2. DATE AND HOUR OF DEATH: August 8, 1969 — 7:00 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
35 Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 21222
C. CITY OR TOWN: DUNDALK ~~BALTIMORE~~
D. INSIDE CITY LIMITS? ~~YES~~ NO ✓
E. STREET AND NUMBER: 7024 Bel Clare Rd. 53-00

5. SEX: F
6. RACE: W
7. ~~MARRIED~~ ✓ ~~NEVER MARRIED~~ WIDOWED ✓ ~~DIVORCED~~
8. DATE OF BIRTH: 2-7-98
9. AGE (In years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gene Buckley
14. MOTHER'S MAIDEN NAME: Elizabeth Aiken

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 220-22-8130
17. INFORMANT: John Blackhurst
ADDRESS: 3107 Cornwall Rd. (21222)

CAUSE OF DEATH

1B. 412.3 + 184.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) arteriosclerotic Heart Disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): metastatic tumor from sarcoma of vagina

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 28 1969 to August 8 1969, that (I) (we) last saw the deceased alive on August 8 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Corazon Z. Vergara, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ✓
23B. DATE SIGNED: August 8, 1969
23C. PHYSICIAN'S NAME (Type): CORAZON Z. VERGARA, M.D. DEGREE
23D. ADDRESS: Church Home & Hosp., 10 N. Broadway Balt. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/11/69
24C. NAME of CEMETERY or CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): BALTO. CO. MD

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Jackey, M.D.
25C. FUNERAL DIRECTOR: Ed. BAILES BRADLEY, DUNDALK, MD.
ADDRESS:

VS 150-REV. 1/1/68

NO ERRORS HEREON BY HOSPITAL

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-350 69 8052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8052

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELIZABETH BEEDON

2. DATE AND HOUR OF DEATH: 8 / 8 / 69 | 9.35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital Balt.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: Balto. 5300

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 5917 BALTIMORE Ave. #28

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9 / 7 / 20 9. AGE (In years last birthday): 48 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SOCIAL WORKER

10B. KIND OF BUSINESS OR INDUSTRY: PUBLIC SCHOOLS

11. BIRTHPLACE (State or foreign country): New York State

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: AMOS W. BEEDON

14. MOTHER'S MAIDEN NAME: BLANCHE WILCOX

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: WM. BEEDON, ADDRESS: MEDINA, N.Y.

MEDICAL CERTIFICATION

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

1B. 410.9

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCT — 3 HRS

DUE TO, OR AS A CONSEQUENCE OF: WITH VENTRICULAR FIBRILLATION

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1961 19 to present 19, that (I) (we) last saw the deceased alive on 8/8 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bernard R Hirschel MD DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8/9/69

23C. PHYSICIAN'S NAME (Type): DEGREE

23D. ADDRESS: 6804 PARK HEIGHTS AVE BALTIMORE MD 21215

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL/REMOVAL

24B. DATE: 8/13/69

24C. NAME of CEMETERY or CREMATORY: MT. ALBION CEMETERY

24D. LOCATION (City, town, or county) (State): ALBION, N.Y.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: ULRICH FUNERAL HOMES FOR NARRIGL-GANDELL

ADDRESS: ALBION, N.Y.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-450 69 8053

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8053

1. NAME OF DECEASED (Type or Print): Anna Frances F. Whelan.

2. DATE AND HOUR OF DEATH: 8-7-69 11 15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: - 2653

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 4587 Freedom Way West.

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 8-2-1894

9. AGE (In years last birthday): 75

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Vermont.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Jones.

14. MOTHER'S MAIDEN NAME: Johnson.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 047-22-0504D

17. INFORMANT: Richard Wheelock, son, P.O. Box 3139 ADDRESS: Sarasota, Fla. 33578

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
412.3 + 173.9		
(A) IMMEDIATE CAUSE	Heart Failure.	1 day
DUE TO, OR AS A CONSEQUENCE OF:	Coronary Heart disease	
(B)	CA of Pancreas c̄ Metastasis.	1 yr.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: No operation during this admission

20A. AUTOPSY? (Yes or No): No.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 7-18-1969 to 8-7-1969, that (I) (we) last saw the deceased alive on 8-7-1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) ~~(did)~~ (~~did not~~) view the body after death.

23A. SIGNATURE: Yepoder M.D. DEGREE. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8-7-69 (midwifery)

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation

24B. DATE: Greenmount Crematory - 8/11/69

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Tabey M.D.

25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3831 Biehms Lane

VS 150-REV. 1/1/68

BIRTH NO. M-253 69 8054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8054

1. NAME OF DECEASED (Type or Print) MARJORIE J. McGINNITY

2. DATE AND HOUR OF DEATH 12 AM 8/9/69

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: John Hopkin Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: PENNSYLVANIA

B. COUNTY: 12349 ... 35

C. CITY OR TOWN: NEWFREEDOM

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: R.D.1

5. SEX: F

6. RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12/12/32

9. AGE (In years last birthday): 36

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teller

10B. KIND OF BUSINESS OR INDUSTRY: Equitable Trust

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES STRICKER

14. MOTHER'S MAIDEN NAME: MARGARET BYUS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: George R. McGinnity, husband — ADDRESS: R.D.1- New Freedom, Pa. 12349

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

734.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Systemic lupus erythematosus

DUE TO, OR AS A CONSEQUENCE OF: End-stage lupus nephritis, Anemia, Azotemia

(B) DUE TO, OR AS A CONSEQUENCE OF: Hyperkalemia.

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/22/69 19 to 8/9/69 19 that (I) (we) last saw the deceased alive on 8/9/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles S. Angell, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8/9/69

23C. PHYSICIAN'S NAME (Type): CHARLES S. ANGELL DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/12/69

24C. NAME of CEMETERY or CREMATORY: Holly Hill Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. — ADDRESS: 6331 Belhms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-426 69 8055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8055

1. NAME OF DECEASED (Type or Print): FANNIE E GALLAGHER

2. DATE AND HOUR OF DEATH: 8/10/69 2 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 831
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3239 Cliftmont Ave

5. SEX: F
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6/30/07
9. AGE (In years last birthday): 62
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Md Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert M. Kinnear
14. MOTHER'S MAIDEN NAME: ? Katherine Carr

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Andrew J. Gallagher, husband, above
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cancer of Breast — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/30/ 1969 to 8/10/ 1969 that (I) (we) last saw the deceased alive on 8/9/ 1969 and that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ronald W. Geckler DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/10/69
23C. PHYSICIAN'S NAME (Type): RONALD W. GECKLER, M.D. DEGREE
23D. ADDRESS: THE UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/13/69
24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Tarber M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8056

BIRTH NO. L-100 69 8056

1. NAME OF DECEASED (Type or Print): LEVY, HAZEL F

2. DATE AND HOUR OF DEATH: 8-4-69 / 6.20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: ~~Baltimore City~~ ~~Balto~~ ~~Balto~~ ~~Park~~ Road 2864

C. CITY OR TOWN: ~~Balto~~ BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 4612 Lawn Park Road #29

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1/31/18 9. AGE (In years last birthday): 61 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Authority~~ EMPLOYEE 10B. KIND OF BUSINESS OR INDUSTRY: Soc. Sec. Adm.

11. BIRTHPLACE (State or foreign country): BROOKLYN New York 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL LEVY

14. MOTHER'S MAIDEN NAME: CLARA KERN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-42-6052

17. INFORMANT: MR. LAWRENCE H. LEVY, ADDRESS: 531 E. 20th ST. NEW YORK, N.Y. 10010

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Heart Failure.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(C) Repeated Pulmonary Embolism

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-20 1969 to 8-4 1969, that (I) (we) last saw the deceased alive on 8-4 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Zaheer Khan DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 8-4-69

23C. PHYSICIAN'S NAME (Type): ZAHEER AHMAD KHAN DEGREE:

23D. ADDRESS: c/o LUTHERAN HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): CREMATION

24B. DATE: 8-6-69

24C. NAME of CEMETERY or CREMATORY: LOUDEN PARK

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Tubbs, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

L-260 69 8057 BALTIMORE CITY HEALTH DEPARTMENT X

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 69 8057

1. NAME OF DECEASED (Type or Print): JULIUS LASKER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 5,1969 Hour 10:25 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: Balto. 5300

6. SEX: Male 7. RACE: White 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: OCTOBER 21, 1904 10. AGE (In years last birthday): 64 If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 6713 Baythron Road

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME: JACOB LASKER

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUYER 14B. KIND OF BUSINESS OR INDUSTRY: RETAIL 15. MOTHER'S MAIDEN NAME: SARAH ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.: 214-01-3347 18. INFORMANT: MRS. GWEN LASKER, ADDRESS: 6713 BAYTHORNE RD. #9

MEDICAL CERTIFICATION

19. 412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 22C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m. 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 8/6/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 8-7-69 24C. NAME of CEMETERY or CREMATORY: PETACH TIKVAH 24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969 25B. NAME OF REGISTRAR: Robert E. Talley, M.D. 25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS. INC. ADDRESS: 6010 REISTERSTOWN ROAD, BALTO. 21215

VS 151-REV. 1/1/68

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T-610

BIRTH NO. 69 8058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8058

1. NAME OF DECEASED (Type or Print): TRAUB, DORA

2. DATE AND HOUR OF DEATH: 8-5-69 5.55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSPITAL OF BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2720

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3906 FORDS LANE APT. 102 #15

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: XXXXXXXXXX

9. AGE (In years last birthday): XXXX 76

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REAL ESTATE

10B. KIND OF BUSINESS OR INDUSTRY: OWNER

11. BIRTHPLACE (State or foreign country): XXXXXXXXXX RIGA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: XXXXXXXXXX MANUEL JACOBSON

14. MOTHER'S MAIDEN NAME: XXXXXXXXXX ESTHER ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-48-1422

17. INFORMANT: MRS. RITA BLITZ, 7409 CASTLEMOOR RD. #7 — ADDRESS

CAUSE OF DEATH

MEDICAL CERTIFICATION

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

1B. 250.0

(A) IMMEDIATE CAUSE: HYPEROSMOLAR COMA

DUE TO, OR AS A CONSEQUENCE OF:

(B) DIABETES MELLITUS

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-18 1969 to 8-5 1969, that (I) (we) last saw the deceased alive on 8-5 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Vallejo, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8-5-69

23C. PHYSICIAN'S NAME (Type): CARLOS VALLEJOS, M.D. DEGREE

23D. ADDRESS: SINAI HOSPITAL OF BALTO.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8-7-69

24C. NAME of CEMETERY or CREMATORY: BETH XX TFILOH

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

69 8058

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

43-12-06 CEK

B-420 69 8059 Or Bialecki

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8059

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bialecki, Boleslaw

2. DATE AND HOUR OF DEATH: 8/7/69 2:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3 Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2636

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 6314 Boston St. Baltimore, Md. 21224

5. SEX: M Ale

6. RACE: W hite

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-22-82

9. AGE (In years last birthday): 86

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Prudential Oil Co

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: BCH Records: ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 427.21

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Cardiac Arrest	5 min.
(B)	Arrythmia or Pulmonary Embolus DUE TO, OR AS A CONSEQUENCE OF:	30 min.
(C)		
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). bth lung abcess	1 week

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-24 19 69 to 8-7 19 69, that (I) (we) last saw the deceased alive on 8-7 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jack D McCue MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8-7-69

23C. PHYSICIAN'S NAME (Type): Jack D. Mc Cue MD. DEGREE

23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave. Baltimore. Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-11-69

24C. NAME of CEMETERY or CREMATORY: Sacred Heart of Mary

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: WALTER DABROWSKI ADDRESS: 1005 DUNDALK AVENUE

0 0 0 0 0 1 7

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased priar to death); and (6) No physician was in regular attendance on the deceased priar to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-520 69 8060 REG. NO. 69 8060

1. NAME OF DECEASED (Type or Print): Rose Agnes KING

2. DATE AND HOUR OF DEATH: August 7, 1969 4 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Pleasant Manor Nursing Home Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2798
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3510 Spaulding Avenue

5. SEX: Female
6. RACE: Cauc.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 18 OCT 01
9. AGE (In years last birthday): 67
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Sexton
14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: - - -
17. INFORMANT: Mr. John J. King
ADDRESS: 3510 Spaulding Avenue

MEDICAL CERTIFICATION

18. I 412.3

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic Heart disease
DUE TO, OR AS A CONSEQUENCE OF: no
(B) DUE TO, OR AS A CONSEQUENCE OF: no
(C) no

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): no

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 1 1965 to Aug 7 1969, that (I) (~~we~~) last saw the deceased alive on August 7 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Manuel Levin DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/9/69
23C. PHYSICIAN'S NAME (Type): Manuel Levin, M.D. DEGREE
23D. ADDRESS: 6101 Park Heights Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11 AUG 69
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Yaber, M.D.
25C. FUNERAL DIRECTOR: J. E. Lowell Lemmon
ADDRESS: 4611 Park Heights Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-362 X

BIRTH NO. 69 8061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8061

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): STRAUSS, Raymond Frederick

2. DATE AND HOUR OF DEATH: 8 AUGUST 1969 | 10:50 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): VETERANS ADMINISTRATION HOSPITAL
23 3900 LOCH RAVEN BOULEVARD
BBALTIMORE, MARYLAND 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE CITY CO. 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 7012 KENLEIGH ROAD

5. SEX: MALE
6. RACE: CAUCASION
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-29-99
9. AGE (In years last birthday): 70
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ATTORNEY
10B. KIND OF BUSINESS OR INDUSTRY: LAW
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: CONRAD P. STRAUSS
14. MOTHER'S MAIDEN NAME: MATHALIDA FREDERICK

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): 9-10-46 TO 9-28-57
16. SOCIAL SECURITY NO.: 212-07-06-16
17. INFORMANT: VA HOSPITAL RECORDS
ADDRESS: 3900 LOCH RAVEN BLVD, BALTO, MD 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ARTERIOSCLEROTIC HEART DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): CEREBRAL ARTERIOSCLEROSIS

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 20 JUNE 19 69 to 8 AUGUST 19 69 that (I) (we) last saw the deceased alive on 8 AUGUST 19 69 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. H. Twining M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-8-69
23C. PHYSICIAN'S NAME (Type): RALPH H. TWINING, MD DEGREE
23D. ADDRESS: 3900 LOCH RAVEN BLVD. BALTIMORE, MARYLAND 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-11-1969
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson
ADDRESS: 1050 York Rd. 21204

VS 150-REV. 1/1/68

53-87-96 db]

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. E-560 69 8062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8062

1. NAME OF DECEASED (Type or Print): EDWARD EMORY

2. DATE AND HOUR OF DEATH: 8/6/69 8:32 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 31 BALTIMORE CITY HOSPITALS

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 4940 Eastern Avenue Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Anne Arundel 003 5200

C. CITY OR TOWN: Glen Burnie D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 306 E. Carl Avenue 21061

5. SEX: Male 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 2-27-10 9. AGE (In years last birthday): 59 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipyard

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virigina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mitchell

14. MOTHER'S MAIDEN NAME: Watts, Mollie

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: BCH-Records ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. 154.2

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: TRANSITIONAL CELL CARCINOMA OF ANAL-RECTAL JUNCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 year

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 3/25 1969 to 8/6 1969 that ~~(I)~~ (we) last saw the deceased alive on 8/6 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: James R. Fonk M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8/6/69

23C. PHYSICIAN'S NAME (Type): JAMES R. FONK M.D. DEGREE

23D. ADDRESS: BALT. CITY HOSP. 4940 Eastern Avenue Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/9/69

24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Tolbert, M.D.

25C. FUNERAL DIRECTOR: JOHN F. DENNY, INC. ADDRESS: 715 Light St.

VS 150-REV. 1/1/68

1969020808

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-410 69 8063

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8063

1. NAME OF DECEASED (Type or Print): WOLFF MARY

2. DATE AND HOUR OF DEATH: AUGUST 10 1969 | 9:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 40

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL WILKENS & CATON AVES. BALTIMORE, MD. 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE CITY 2402

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1411 BELT STREET

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 01/14/02

9. AGE (In years last birthday): 67

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer

10B. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE Food

11. BIRTHPLACE (State or foreign country): IRELAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PATRICK MC HALE DEC'D

14. MOTHER'S MAIDEN NAME: MARY (MCHALE) MC HALE DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215051870A

17. INFORMANT: ST. AGNES HOSPITAL ADDRESS: WILKENS & CATON AVES BALTIMORE, MD. 21229

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 192.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: adenocarcinoma, with

DUE TO, OR AS A CONSEQUENCE OF: metastasis to Pleura and Possibly Colon.

(B) Primary lesion unknown.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from JULY 26, 1969 to AUGUST 10, 1969 that (I) (we) last saw the deceased alive on AUGUST 10, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. Shams, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8/10/69

23C. PHYSICIAN'S NAME (Type): ABDOLLAH SHAMS, M.D. DEGREE

23D. ADDRESS: ST. AGNES HOSPITAL-WILKENS & CATON AVES. BALTIMORE, MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8 13 69

24C. NAME of CEMETERY or CREMATORY: Holy Cross

24D. LOCATION (City, town, or county) (State): Brooklyn, A. A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

0 0 0 8 0 5

25C. FUNERAL DIRECTOR: Mc Cully ADDRESS: 130 E. Fort Ave

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8064

BIRTH NO. V-340 69 8064

1. NAME OF DECEASED (Type or Print): VIDALI, Agnes M.

2. DATE AND HOUR OF DEATH: 8/7/69 6:45 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Franklin Square Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore City

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐ 2712

E. STREET AND NUMBER: 434 Rosebank Ave 12

5. SEX: Female 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 12-4-94 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife. 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Dinmark 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Vidali 215-22-2349 14. MOTHER'S MAIDEN NAME: Marin Grabe

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-34-3423 17. INFORMANT: J.C. Bragagnolo — Franklin Square Hospital ADDRESS

MEDICAL CERTIFICATION

18. 153.3 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cancer Colon (Metastatic)

DUE TO, OR AS A CONSEQUENCE OF:

(B) Terminal (Sigmoid)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8/4/69 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Metastatic Ca of Sigmoid 20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — 21C. WHERE DID INJURY OCCUR? — (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.) — 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 7/30 19 69 to 8/7/69 19 , that (I) (we) last saw the deceased alive on 8/7/69 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: J.C. Bragagnolo DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): Juan C. Bragagnolo DEGREE 23D. ADDRESS: Franklin Square Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 8/11/69 24C. NAME of CEMETERY or CREMATORY: GARDENS OF FAITH 24D. LOCATION (City, town, or county) (State): 100 N. Calhoun St, Balto, Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: J. O'CONNELL SONS ADDRESS: 300 MALE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

46-18-82 DD 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-340 69 8065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8065

1. NAME OF DECEASED (Type or Print): WADDELL, EUGENE (CHARLES)

2. DATE AND HOUR OF DEATH: 8/7/69 4:15 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITAL, 4940 EASTERN AVENUE, BALTIMORE, MARYLAND 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: ESSEX ~~BALTIMORE~~ D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 14 DECATUR RD 21221

5. SEX: Male 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH: 2-27-94 9. AGE (In years last birthday): 75 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES WADDELL
14. MOTHER'S MAIDEN NAME: SARAH

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 705-05-0865A
17. INFORMANT: BCH RECORDS 4940 EASTERN AVE. BALTO. MD. 21224 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 45 min
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cerebral Anoxia — 2d
DUE TO, OR AS A CONSEQUENCE OF:
(C) Myocardial Infarction

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

18. 410.9

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-4 1969 to 8-7 1969 that (I) (we) last saw the deceased alive on 8-7 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John N Brechtl M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-9-69
23C. PHYSICIAN'S NAME (Type): JOHN N. BRECHTL, MD. DEGREE
23D. ADDRESS: BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/9/69
24C. NAME of CEMETERY or CREMATORY: GLEN HAVEN
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: J.G. O'CONNELLY SONS ADDRESS: 300 MACE

VS 150-REV. 1/1/68

1

K-520 69 8066

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 69 8066

1. NAME OF DECEASED (Type or Print): WILSON KING

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 5, Year 1969 Hour 11:14 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 1838 Presstman Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1502

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 10-5-1889

10. AGE (In years last birthday): 79
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1838 Presstman Street

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rorbert King

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Magie Wilson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 212-09-6692

18. INFORMANT: A. Florence Duke ADDRESS: Prince Fred Md

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Carcinoma of prostate gland

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 8/6/69

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 8-9-69

24C. NAME of CEMETERY or CREMATORY: Carrolls Ch Cem.

24D. LOCATION (City, town, or county): Barstow (State): Cal. Md

25A. DATE REC'D BY HEALTH DEPT. AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.

25C. FUNERAL DIRECTOR: Pinkney E. Sewell ADDRESS: Prince Fred, Md

VS 151-REV. 1/1/68

1969 0 0 8 0 6 6

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. J-200 69 8067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8067

1. NAME OF DECEASED (Type or Print): JOYCE, SISTER GERALDINE

2. DATE AND HOUR OF DEATH: AUGUST 8 1969 6:35 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2841
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4000 FOREST HILL RD

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 08 22 14
9. AGE (In years last birthday): 54
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NUN
10B. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS
11. BIRTHPLACE (State or foreign country): Philalphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Joyce
14. MOTHER'S MAIDEN NAME: Jane E. Coward

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215 54 4237
17. INFORMANT: ST AGNES' RECORDS-BALTO MD 21229 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pulmonary Edema
DUE TO, OR AS A CONSEQUENCE OF:
(B) Uremia
DUE TO, OR AS A CONSEQUENCE OF:
(C) Chronic Pyelonephritis & Kidney Stones

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Bronchopneumonia

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from JULY 31 1969 to AUGUST 8 1969 that (I) (we) last saw the deceased alive on AUGUST 8 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 08 08 69
23C. PHYSICIAN'S NAME (Type): SALVADOR QUIROZ MD DEGREE
23D. ADDRESS: CATON & WILKENS AVE BALTO MD 21229

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: AUG.11/69
24C. NAME of CEMETERY or CREMATORY: Villa St. Michael on grounds of Seton Inst., Balto, Md.
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Tarbert, M.D.
25C. FUNERAL DIRECTOR: STEWART & MOWEN CO. 1008 w.north av. City 1 ADDRESS

VS 150-REV. 1/1/68

69 8 9 0 0 8 0 5 5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-465 69 8068 REG. NO. 69 8068

1. NAME OF DECEASED (Type or Print): Sister Donata Mulrenan

2. DATE AND HOUR OF DEATH: August 7, 1969 3:50 P.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 94

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Villa Saint Michael

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore City 2841

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4000 Forest Hill Road 21207

5. SEX: F. 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: July 7, 1900 9. AGE (In years last birthday): 69 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10B. KIND OF BUSINESS OR INDUSTRY: Sister of Charity

11. BIRTHPLACE (State or foreign country): County Mayo, Ireland

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: John Mulrenan

14. MOTHER'S MAIDEN NAME: Bridget Morris

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-54-6046-T

17. INFORMANT: Sister Andrea ADDRESS: Same address

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 410.7 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerosis (general) — 5 years (?)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 None 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: None

20A. AUTOPSY? (Yes or No): None 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): None

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? None

22. I certify that (I) (this hospital) attended the deceased from 1966 19 66 to 1969 19 , that (I) (we) last saw the deceased alive on August 5, 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Damian P. Alagia DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: August 7, 1969

23C. PHYSICIAN'S NAME (Type): ~~Frederick Avenue~~ Damian P. Alagia DEGREE

23D. ADDRESS: Frederick Avenue, Baltimore, 21228

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: AUG. 9/69

24C. NAME of CEMETERY or CREMATORY: Villa St Michael on grounds Seton Inst., Balto., Md.

24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969 Isabel E. Talbert, Mgr.

25B. NAME OF REGISTRAR: 7 5 9 0 0 0 0 5 6

25C. FUNERAL DIRECTOR: ~~KKKKKK~~ STEWART & MOWEN CO., Balto., Md. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 8069 REG. NO. 69 8069

1. NAME OF DECEASED (Type or Print): RAYMOND O. HULSE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: August 8, 1969 Hour 10:15 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 28 North Highland Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 26-10
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 28 North Highland Ave.

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 1/27/12
10. AGE (In years last birthday): 57
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
14B. KIND OF BUSINESS OR INDUSTRY: Bureau of Autos, City
15. MOTHER'S MAIDEN NAME:
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes 1/4/43-1/30/46
17. SOCIAL SECURITY NO. 212-09-2737
18. INFORMANT: Charles Sponsler, 903 Olmstead St. ADDRESS 21226

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8-9-69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/12/69
24C. NAME of CEMETERY or CREMATORY: Baltimore Natl. Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: Witzke, 4101 Edmondson Av., 21229

VS 151-REV. 1/1/68

54-78-69
CEK
D-262

R-200 69 8070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8070

BIRTH NO. 69-14362 Mishawn Ricks

1. NAME OF DECEASED (Type or Print): Baby Girl DeGROSS, DEBORAH

2. DATE AND HOUR OF DEATH: 8/6/69 | 6:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hosp. 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2788
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 4800 WILERN AVENUE 21215

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-31-69
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: 6 | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE Ricks
14. MOTHER'S MAIDEN NAME: Deborah DeGross

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH RECORDS: ADDRESS: 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — 18. 746.6

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) CONGESTIVE HEART FAILURE
DUE TO, OR AS A CONSEQUENCE OF:
(C) CONGENITAL HEART DISEASE

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): CARDIAC CATHETERIZATION

19A. DATE OF OPERATION: 8-6-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: mitral atresia
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): BCH
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): BCH
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-31-1969 to 8/6/1969, that (I) (we) last saw the deceased alive on 8/6/1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: BF Petit DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-6-69
23C. PHYSICIAN'S NAME (Type): BALDWIN F. PETIT M.D. DEGREE
23D. ADDRESS: Bch: 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/9/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Tabby M.D.
25C. FUNERAL DIRECTOR: C. P. Bailey Olson Funeral Home
ADDRESS: 1348 N. Calhoun St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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E-436 69 8071

BIRTH NO. 69-08399

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8071

46/99

1. NAME OF DECEASED (Type or Print): TROY GREGORY ELDRIDGE	2. DATE OF DEATH — Known [X] Estimated [ ] — Month: August; Day: 9; Year: 1969; Hour: M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Luthern Hospital (DOA)	3. DATE PRONOUNCED DEAD — Month: August; Day: 9; Year: 1969; Hour: 11:45 A.M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland; B. COUNTY: 1504
6. SEX: Male; 7. RACE: Negro; 8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	C. CITY OR TOWN: Baltimore; D. INSIDE CITY LIMITS? YES [X] NO [ ]
9. DATE OF BIRTH: May 13, 1969; 10. AGE (In years last birthday): If Under 1 Yr. If Under 24 Hrs. Months: 2; Days; Hours; Min.	E. STREET AND NUMBER: 2300 W. North Avenue Apt.#3
11. BIRTHPLACE (State or foreign country): Baltimore, Md.; 12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME: Cornell Eldridge
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired); 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME: Janett Addison
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no; (If yes, give war or dates of service); 17. SOCIAL SECURITY NO.	18. INFORMANT: Cornell Eldridge; ADDRESS: 2300 W. North Ave

MEDICAL CERTIFICATION

19. 795 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Sudden death in infancy

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION:	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): Yes
22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: August 10, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 8/12/69	24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem.	24D. LOCATION (City, town, or county) (State): Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969	25B. NAME OF REGISTRAR: Robert E. Faber, M.D.	25C. FUNERAL DIRECTOR: V. R. Bailey	ADDRESS: Kelson Funeral Home 1348 N. Calhoun St.

VS 151-REV. 7/1/68

1 9 6 9 0 3 0 0 5 9

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B-400 69 8072

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 69 8072

1. NAME OF DECEASED (Type or Print): HAZEL N. BELL

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: August, Day: 9, Year: 1969, Hour: M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3704 Fairview Avenue

3. DATE PRONOUNCED DEAD — Month: August, Day: 9, Year: 1969, Hour: 9:45 A.M.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: 1538

6. SEX: Female

7. RACE: Negro

8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: June 20, 1969

10. AGE (in years last birthday): 27 — If Under 1 Yr. or Under 24 Hrs. Months ; Days ; Hours ; Min.

E. STREET AND NUMBER: 3704 Fairview Avenue

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roscoe Bell

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Hazel Payton

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 212 42 0061

18. INFORMANT: Martha Brown — ADDRESS: 1901 Edgewood St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E814.7

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Post-traumatic epilepsy

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): (Unknown) 00-00

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 1952 m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

22F. HOW DID INJURY OCCUR? Pedestrian hit by car

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Chas. S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: August 10, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/14/69

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.

25C. FUNERAL DIRECTOR: V.R. Bailey — ADDRESS: Kelson F. H. 1348 N. Calhoun St.

VS 151-REV. 7/1/68

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P-456 69 8073

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8073

1. NAME OF DECEASED (Type or Print): LLOYD PALMER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 10 Year 1969 Hour 2:15 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CITY HOSPITAL

31

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1606

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH

10. AGE (In years last birthday): 29

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 3002 Edmondson Avenue

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lloyd S. Palmer

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Nancey Greene

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Cherry Palmer ADDRESS: 3902 Penhurts Ave.

MEDICAL CERTIFICATION

19. 412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

DATE SIGNED: 8/11/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/14/69

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: V.R. Bailey ADDRESS: Kelson F.H. 1348 N. Calhoun St.

VS 151-REV. 7/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8074 X REG. NO. 69 8074

1. NAME OF DECEASED (Type or Print): William Duane Johnson

2. DATE AND HOUR OF DEATH: 8/9/69 5 pm (M.)

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Service Hosp, Wyman Park Dr

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: W. Va
B. COUNTY: V-45
C. CITY OR TOWN: Powellton
D. INSIDE CITY LIMITS? ? YES ☐ NO ☐
E. STREET AND NUMBER: PO Box 242

5. SEX: M
6. RACE: Neg
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Mar 22, '41
9. AGE (In years last birthday): 28 (If Under 1 Yr. Months, Days; If Under 24 Hrs. Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): W. Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William R. Johnson
14. MOTHER'S MAIDEN NAME: Katie Rollins
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Chart ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myelogenous Leukemia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

DUE TO, OR AS A CONSEQUENCE OF: —

(B) DUE TO, OR AS A CONSEQUENCE OF: —

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from July 6 1969 to Aug 9 1969 that (I) (we) last saw the deceased alive on Aug 9 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Peter J Philpott MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/10/69
23C. PHYSICIAN'S NAME (Type): Peter J. Philpott MD DEGREE
23D. ADDRESS: USPHS Hosp. Balt, Md

24A. BURIAL CREMATION, REMOVAL (Specify): Shipped
24B. DATE: 8-12-69
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State): Charleston West Va

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Conner Sanders
ADDRESS: 217 E. Preston St

VS 250-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8075 REG. NO. 69 8075

1. NAME OF DECEASED (Type or Print): JAMES BARTLETT ALDRIDGE

2. DATE AND HOUR OF DEATH: 8-9-69 12.05 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 221 E. Belvedere Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2712
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 221 E. Belvedere Ave.

5. SEX: Male 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-4-1904 9. AGE (In years last birthday): 65 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Sales Agent
10B. KIND OF BUSINESS OR INDUSTRY: Koppers Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Aldridge
14. MOTHER'S MAIDEN NAME: Grace D. Tyler

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-09-8574
17. INFORMANT: Mrs. Genevieve A. Aldridge ADDRESS: (Same)

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 3979 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Congestive heart failure — 1 day
DUE TO, OR AS A CONSEQUENCE OF:
(B) Rheumatic Valvular Heart disease — Many years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Strep Endocarditis — many years ago

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1944 19 to Aug 9 69 19, that (I) (~~we~~) last saw the deceased alive on Aug 9 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: G McLean DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Aug 11-69
23C. PHYSICIAN'S NAME (Type): Dr. George McLean DEGREE
23D. ADDRESS: Medical Arts Bldg.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/69
24C. NAME of CEMETERY or CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Faber, M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212

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VS 150-REV. 1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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M-200 69 8076

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 69 8076

43
99

1. NAME OF DECEASED (Type or Print): FRISSELL McCOY

2. DATE OF DEATH: Known ☒ Estimated ☐ Month August Day 9 Year 1969 Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 9 Year 1969 Hour 2:10 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2506
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3420 Fieldlea Ct.

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 7-2-1953
10. AGE (In years last birthday): 16
If Under 1 Yr. or Under 24 Hrs. Months | Days | Hours | Min.
11. BIRTHPLACE (State or foreign country): South Boston, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles McCoy
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Beatrice Rosser
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Beatrice McCoy ADDRESS: 3420 Fieldlea Ct.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E814.7

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple blunt injuries

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No) (Partial)

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1600 block Frankfurst Ave near Childs St.
22D. TIME OF INJURY (APPROX.) (Month) 8 (Day) 9 (Year) 69 (Hour) 1:55 A m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Pedestrian struck by car

23. I certify that I held an Inquiry ☐ Inspection ☐ Partial Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8-9-69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-14-69
24C. NAME of CEMETERY or CREMATORY: Grace Bapt. Ch. Cem.
24D. LOCATION (City, town, or county) (State): Gladys, Virginia

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens St.

VS 151-REV. 7/1/68

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F-436 69 8077

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 69 8077

46

1. NAME OF DECEASED (Type or Print): FERDINAND FELDER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 11,1969 Hour 4:50 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1602
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1520 W. Lanvale Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 5-4-1935
10. AGE (In years last birthday): 34
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Willie Felder

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Reeds Constr. Co.
15. MOTHER'S MAIDEN NAME: Rosa Felder

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 250-66-1409
18. INFORMANT: Mrs. Lillie Mae Felder ADDRESS: 1520 W. Lanval

MEDICAL CERTIFICATION

19. E965X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Gunshot wound of back

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Streets
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Lanvale and Carrollton Streets 1601

22D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.) August 11,1969 4:20A.M.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Shot during altercation

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8/11/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-15-69
24C. NAME of CEMETERY or CREMATORY: Laurel Hill Ch. Cem.
24D. LOCATION (City, town, or county) (State): Summerton, South Carolina

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens St.

VS 151-REV. 7/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-100 69 8078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8078

1. NAME OF DECEASED (Type or Print): Sarah A. Davis

2. DATE AND HOUR OF DEATH: 8-9-69 6:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1301
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2507 Brookfield Ave.

5. SEX: F 6. RACE: C 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1-21-17 9. AGE (In years last birthday): 52 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafeteria worker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isham B. Davis
14. MOTHER'S MAIDEN NAME: Harriet Harris

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-20-4787
17. INFORMANT: Mrs. Louise Holley ADDRESS: 4207 Crawford ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: months
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-7 19 69 to 8-9-69 19 that (I) (we) last saw the deceased alive on 8-9-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Shelby H. Moore M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8-9-69.
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/12/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Arbutus Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Motter & Dieff Funeral Home ADDRESS: 1701 Lafayette St.

VS 150-REV. 1/1/68

S-530 69 8079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8079

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Foster C. Smith

2. DATE AND HOUR OF DEATH: 8/9/69 | 6:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Maryland General Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1703

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 706 Dolphin St.

5. SEX: Male

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 8-16-03

9. AGE (In years last birthday): 65

If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: C.P.O.

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Smith

14. MOTHER'S MAIDEN NAME: Martha Smith

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-42-3270

17. INFORMANT: Mrs. Ethel Smith ADDRESS: 706 Dolphin St

MEDICAL CERTIFICATION

18. 412.4 I-250.9

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1-2 years

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Generalized arteriosclerosis — years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Diabetes Mellitus — 1-2 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Cerebrovascular arteriosclerotic disease — years

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/9 1969 to 8/9 1969 that (I) (we) last saw the deceased alive on 8/9 1969 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Louis E. Grenzer MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8/1/69

23C. PHYSICIAN'S NAME (Type): Louis E. Grenzer DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/13/69

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Faber M.D.

25C. FUNERAL DIRECTOR: Martin H. Smith

ADDRESS: 1701 Lawrence St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-560 69 8080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8080

BIRTH NO. 69-11830

1. NAME OF DECEASED (Type or Print): BABY BOY HENRY

2. DATE AND HOUR OF DEATH: 8-10-69 | 5:06 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSP.
38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2001
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1928 West Lexington St.

5. SEX: M
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7-6-69
9. AGE (In years last birthday): 5 weeks
If Under 1 Yr. Months: 1 Days: 4
If Under 24 Hrs. Hours: 3 Min.: 14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N/A
10B. KIND OF BUSINESS OR INDUSTRY: N/A
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Ronald E. Barnes
14. MOTHER'S MAIDEN NAME: VALERIE HENRY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): (If yes, give war or dates of service): N/A
16. SOCIAL SECURITY NO.: N/A
17. INFORMANT: Valerie Henry
ADDRESS: West 1928 Lexington St.

MEDICAL CERTIFICATION

18. 746.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PULMONARY EDEMA +
(A) IMMEDIATE CAUSE: CARDIO PULMONARY ARREST — 4 HRS.
DUE TO, OR AS A CONSEQUENCE OF:
ACUTE CONGESTIVE HEART FAILURE — 5 HRS
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C) CONGENITAL HEART DISEASE — 1 MO.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8-4-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ASD + VSD
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-6 1969 to 8-10 1969 that (I) (we) last saw the deceased alive on 8-10 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Felix L. Kaufman M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8-10-69
23C. PHYSICIAN'S NAME (Type): FELIX L. KAUFMAN M.D. DEGREE
23D. ADDRESS: UNIVERSITY HOSP. BALTO. MD. 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/12/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Morton E. Dyell
ADDRESS: 1701 Lawrence St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1
M-262

M-260 69 8081

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8081

BIRTH NO.

1. NAME OF DECEASED (Type or Print): (Napper) GLADYS McCRAY (McCrag)

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 11, 1969 Hour 7:23 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1709 Barclay Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1205

6. SEX: Female

7. RACE: Negro

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 1-17-1927

10. AGE (In years last birthday): 42

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1709 Barclay Street

11. BIRTHPLACE (State or foreign country): Harper Ferry, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Napper

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N/A

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Julia V. Twyman

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No.

(If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Mrs. Julia Napper ADDRESS: 1210 McElderry Ct.

MEDICAL CERTIFICATION

19. E880X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Craniocerebral Injuries

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

If OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Fatty Metamorphosis of Liver

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1709 Barclay Street 1205

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8-10-69 about 3:00P.m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Subject fell down several steps

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 8/11/69

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-14-69

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens St

VS 151-REV. 7/1/68

N 854 069 0008 0 2

BIRTH NO. B-653 69 8082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8082

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): LeRoy Brunson

2. DATE AND HOUR OF DEATH: 8/10/69 11:55 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1501
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1601 SPRAY COURT APT 8

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-30-44
9. AGE (In years last birthday): 24
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: LEROY BRUNSON
14. MOTHER'S MAIDEN NAME: DOROTHY Brunson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-40-4912
17. INFORMANT: Verna Brunson ADDRESS: 260 1 Llewelyn Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 320.9 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Meningoencephalitis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ] NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21C. WHERE DID INJURY OCCUR? — (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): NONE
21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/6/69 1969 to 8/10 1969 that (I) (we) last saw the deceased alive on 8/10 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David J Pierson MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/10/69
23C. PHYSICIAN'S NAME (Type): DAVID J. PIERSON MD DEGREE
23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/15/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: Arlington S. Phillips ADDRESS: 1727 N. Monroe Street

VS 150-REV. 1/1/68

1

W-300 69 8083

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8083

BIRTH NO.

46/99

1. NAME OF DECEASED (Type or Print) BERDIA E. WHITE	2. DATE OF DEATH Known ☒ Estimated ☐ Month August Day 9 Year 1969 Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital (DOA)	3. DATE PRONOUNCED DEAD Month August Day 9 Year 1969 Hour 9:35 P.M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1548
6. SEX Female; 7. RACE Negro; 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	C. CITY OR TOWN Baltimore; D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH 4/2/19; 10. AGE (In years last birthday) 50; If Under 1 Yr. Months Days Hours Min.	E. STREET AND NUMBER 2309 Elsinore Avenue
11. BIRTHPLACE (State or foreign country) North Carolina; 12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Lester Matthews
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Exterminating Crew; 14B. KIND OF BUSINESS OR INDUSTRY Balto. H. Authority	15. MOTHER'S MAIDEN NAME Maxine Cofield
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service); 17. SOCIAL SECURITY NO. 241-24-2048	18. INFORMANT Sandra Stevenson; ADDRESS 5620 Elderon Avenue

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E965X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Shotgun wound of neck

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) house	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2309 Elsinore Avenue 1548
22D. TIME OF INJURY (APPROX.) (Month) 8 (Day) 9 (Year) 69 (Hour) 8:44 P.m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR? Found on stairs of house, shot

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE Charles S. Springate M.D.

EXAMINER'S NAME (Type) Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED August 10, 1969

24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/14/69	24C. NAME of CEMETERY or CREMATORY Arbutus	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. AUG 12 1969	25B. NAME OF REGISTRAR Robert E. Lahey, M.D.	25C. FUNERAL DIRECTOR Arlington S. Phillips	ADDRESS 1727 N. Monroe Street

VS 151-REV. 1/1/68

N 874.1

C-462 69 8084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8084

BIRTH NO.

1. NAME OF DECEASED (Type or Print): VIRGINIA CLARK

2. DATE AND HOUR OF DEATH: 8/6/69 1:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL.

38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: BALTIMORE 1701
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6341 634 George St.

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10/28/22
9. AGE (In years last birthday): 47
If Under 1 Yr. Months: 2 Days: 17 | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Melbert Clark
ADDRESS: 634 George Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute G.I. Bleed — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 44 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Portal Hypertension.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Fatty Infiltration / Cirrhosis — 6 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8/5/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Acute G.I. Bleed
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): None
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/4/ 19 69 to 8/6/69 19, that (I) (we) last saw the deceased alive on 8/6/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Karl F. Meck, Jr., MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/6/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: University Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 8-7-69
24C. NAME of CEMETERY or CREMATORY: Stoney Point Tabernacle
24D. LOCATION (City, town, or county) (State): Stoney Point North Carolina

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Falter, M.D.
25C. FUNERAL DIRECTOR: Arlington Phillips
ADDRESS: 1727 N. Monroe St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

111-206 69 8085

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8085

BIRTH NO.

46/99

1. NAME OF DECEASED (Type or Print): CALLIE MASSEY	2. DATE OF DEATH — Known [X] Estimated [ ] — Month Day Year: August 9, 1969 — Hour: M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital (DOA)	3. DATE PRONOUNCED DEAD — Month Day Year: August 9, 1969 — Hour: 9:35 P M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: 1403

6. SEX	7. RACE	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	C. CITY OR TOWN	D. INSIDE CITY LIMITS? YES [X] NO [ ]
Female	Negro		Baltimore	

9. DATE OF BIRTH	10. AGE (In years last birthday)	If Under 1 Yr. Months, Days, If Under 24 Hrs. Hours, Min.	E. STREET AND NUMBER
12/16/16	53		2008 Division Street

11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
North Carolina	U.S.A.	Lester Matthews

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
General Maid		Maxine Cofield

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS
No			Charles Massey	2008 Division Street

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E965X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of head and neck

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	house	2309 Elsinore Avenue 1548

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]	22F. HOW DID INJURY OCCUR?
8-9-69 8:44 P. m.		Found on stairs of house, shot

23.

I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: August 10, 1969

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	8/14/69	Arbutus Memorial Park	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 12 1969	Robert E. Lathey M.D.	Arlington S. Phillips	1727 N. Monroe St.

1 9 6 9 0 0 0 8 0 7 3

VS 151-REV. 7/1/68

N 879.7

B-653 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

BIRTH NO. 69 8086 REG. NO. 69 8086

1. NAME OF DECEASED (Type or Print): BRANDA, LUKE ANTHONY

2. DATE AND HOUR OF DEATH: AUGUST 5, 1969 11:35A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: HOWARD 63-00
C. CITY OR TOWN: ELLICOTT CITY D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3487 WALKER DR 21043

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12/26/99 9. AGE (In years last birthday): 69 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: CLOTHING DESIGNER
11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BENJAMINE BRANDA
14. MOTHER'S MAIDEN NAME: EMILY (NEE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): W.W.1
16. SOCIAL SECURITY NO.: 215-01-9682
17. INFORMANT: (A) ST. AGNES HOSPITAL RECORDS ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 431.0

(A) IMMEDIATE CAUSE: intracerebral Hemmorhage
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arterial Hypertension
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 4 1969 to AUGUST 5 1969 that (I) (we) last saw the deceased alive on AUGUST 5 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bizhan - Ebrahimy M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 08 05 69
23C. PHYSICIAN'S NAME (Type): ZHA BIZHAN EBRAHMY DEGREE
23D. ADDRESS: BALTO, MD 21229 ST. AGNES HOSP; CATON & WILKENS AVES.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 8, 1969
24C. NAME of CEMETERY or CREMATORY: Lake View Cemetery
24D. LOCATION (City, town, or county) (State): Randallstown, Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Frank H. Newell
ADDRESS: Pikesville 8, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-134 69 8087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8087

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Belle C. Spitler SPITLER, BELLE, C.

2. DATE AND HOUR OF DEATH 8/8/69 11:05P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: UNION MEM. HOSP

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTO, MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTIMORE 2733

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 5006 Gridon Avenue

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1882 9. AGE (In years last birthday): 86

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? James Christie

14. MOTHER'S MAIDEN NAME: ? Eliza Shaw

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-42-2395A

17. INFORMANT: Mrs. Gertrude Schiebel ADDRESS: 3404 Southern Ave., Baltimore, Md. 21214

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 427.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: CHF, HYPONATREMIA,

(B) DUE TO, OR AS A CONSEQUENCE OF: DEHYDRATION

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). P.O's

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/3 19 69 to 8/8 19 69 that (I) (we) last saw the deceased alive on 8/8 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harvey B. Sher M.D. DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8/8/69

23C. PHYSICIAN'S NAME (Type): DR. HARVEY B. SHER Harvey B. Sher M.D. DEGREE

23D. ADDRESS: THE UNION MEMORIAL HOSPITAL Union Mem. Hosp

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/12/69

24C. NAME of CEMETERY or CREMATORY: Mt. Carmel Cemetery

24D. LOCATION (City, town, or county) (State): Littlestown, Adams Co., Pa.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Yaber, M.D.

25C. FUNERAL DIRECTOR: Richard A. Little ADDRESS: Littlestown, Pa.

VS 150-REV. 1/1/68

8/9/69 Reviewed by Medical Examiner (D.S. Hoffman)

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-462 69 8088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8088

1. NAME OF DECEASED (Type or Print): SELLERS, George Carville

2. DATE AND HOUR OF DEATH: 9 AUGUST 1969 11:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): VETERANS ADMINISTRATION HOSPITAL 3900 LOCH RAVEN BOULEVARD BALTIMORE, MARYLAND 21218
23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE CITY 2634
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: ARMSTEAD GARDENS

5. SEX: MALE
6. RACE: CAUCASION
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: JULY 14, 1922
9. AGE (In years last birthday): 47
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HEAVY EQUIP OPERATOR
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SPARROWS POINT, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOE M. SELLERS
14. MOTHER'S MAIDEN NAME: ANNIE DANIEL L

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) YES (If yes, give war or dates of service) 12-26-42 TO 10-23-45
16. SOCIAL SECURITY NO. 214-14-2445
17. INFORMANT: V A HOSPITAL RECORDS
ADDRESS: 3900 LOCH RAVEN BLVD, BALTO, MD

MEDICAL CERTIFICATION

410.9 I 250.9

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCTION — HOURS
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — 5 YEARS
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DIABETES MELLITUS — YEARS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No) NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 29 JULY 1969 to 9 AUGUST 1969 that (I) (we) last saw the deceased alive on 9 AUGUST 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles E. DeFelice DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-9-69
23C. PHYSICIAN'S NAME (Type): CHARLES E. DeFELICE DEGREE
23D. ADDRESS: 3900 LOCH RAVEN BLVD BALTIMORE, MARYLAND 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/13/69
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Overlea 21206 Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: John J. Duda
ADDRESS: 7922 Wise Ave. Baltimore, Md. 21222

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BIRTH NO. C-256 69 8089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 69 8089

1. NAME OF DECEASED (Type or Print): Elmer P. Cashmyer

2. DATE AND HOUR OF DEATH: Aug. 10, 1969 11:40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore 5300

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 1953 Walnut Ave.

5. SEX: M 6. RACE: Caucasian 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6-16-08 9. AGE (In years last birthday): 61 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer. 10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Philip Cashmyer

14. MOTHER'S MAIDEN NAME: Dessie Baugher

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-9666

17. INFORMANT: Wife Dolores R. Cashmyer ADDRESS: 1953 Walnut Ave Balt., Md. 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic CA to head. (Brain) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1½ mos

DUE TO, OR AS A CONSEQUENCE OF:

(B) CA of bladder — 1 yr.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

188 X

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8-1-69 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Diagnostic Angiogram

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-22 1969 to 8-10 1969 that (I) (we) last saw the deceased alive on 8-10 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald K. Sidler M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8-10-69

23C. PHYSICIAN'S NAME (Type): Donald DEGREE

23D. ADDRESS: University Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/13/69

24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: John J. Duda ADDRESS: 7922 Wise Ave. Baltimore, Md. 21222

VS 150-REV. 1/1/68

BIRTH NO. B-652 69 8090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8090

1. NAME OF DECEASED (Type or Print): MATILDA BARANOSKI

2. DATE AND HOUR OF DEATH: Sun. Aug. 10-1969 5:45 a.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 802 S. Lakewood Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 104

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 802 S. Lakewood Avenue (21224)

5. SEX: Female 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: June-20-1892 9. AGE (In years last birthday): 77 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Kolasinski

14. MOTHER'S MAIDEN NAME: Maryanna Napieralski

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Veronica Baranoski ADDRESS: Daughter: Same as: 4, a, b, c, d, e.

MEDICAL CERTIFICATION

18. 162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Metastatic Carcinoma — 5 months

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of the Lung — UNKNOWN

~~DUE TO, OR AS A CONSEQUENCE OF:~~

(C) GENERALIZED ARTERIOSCLEROSIS — UNKNOWN

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 3/3 1969 to 8/10 1969 that (I) (~~we~~) last saw the deceased alive on 8/9 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Henry J. Houska M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 8/11/69

23C. PHYSICIAN'S NAME (Type): Henry J. Houska M.D. DEGREE

23D. ADDRESS: 333 S. East Avenue, Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-14-1969

24C. NAME of CEMETERY or CREMATORY: New Cathederal

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969 Robert

25B. NAME OF REGISTRAR: E. Farber M.D.

25C. FUNERAL DIRECTOR: John J. Duda ADDRESS: Baltimore, Md. 21224

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

35-77-00 CSH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-300 69 8091

REG. NO. 69 8091

1. NAME OF DECEASED (Type or Print): White, Mary

2. DATE AND HOUR OF DEATH: 8/8/69 8 50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Baltimore City Hospitals

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4940 Eastern Ave. Baltimore, Md. 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Baltimore Co. 53-00

C. CITY OR TOWN: Dundalk

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 3029 Liberty Parkway Baltimore, Md.21222

5. SEX: Female

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb 26, 1922

9. AGE (In years last birthday): 47

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady

10B. KIND OF BUSINESS OR INDUSTRY: Stewart & Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George C. Weir

14. MOTHER'S MAIDEN NAME: Josephine Lamb

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-16-2951

17. INFORMANT: Husband: Joseph P. White

ADDRESS: 3029 Liberty Parkway Baltimore, Md. 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Arrest. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cancer - Mesothelioma of Pleura.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

163.0

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-15 1969 to 8-8 1969 that (I) (we) last saw the deceased alive on 8-8 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Wisneski M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8-8-69

23C. PHYSICIAN'S NAME (Type): J. Wisneski M.D. DEGREE

23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave, Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/12/69

24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: John J. Duda

ADDRESS: 7922 Wise Ave. Balt. Md. 21222

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased priar to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

S-320

BIRTH NO. 69 8092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8092

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): RUTH SOUTHWICK

2. DATE AND HOUR OF DEATH: 8/9/69 6 30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: MERCY HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: BALTO CO 53.00
C. CITY OR TOWN: ESSEX ~~BALTIMORE~~
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 822 BACK RIVER NECK RD.

37

5. SEX: F
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10/6/19
9. AGE (In years last birthday): 49
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRED W. B BREHM
14. MOTHER'S MAIDEN NAME: AMANDA HUGHES

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-18-0791
17. INFORMANT: HARLAN SOUTHWICK
ADDRESS: ABOVE

MEDICAL CERTIFICATION

18. 450X I 174X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Embolus
DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Edema
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Metastatic CA - Liver, Heart

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-1 19 69 to 8-9-69 19 that (I) (we) last saw the deceased alive on 8-9-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. I. Whitehurst M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-10-69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/13/69
24C. NAME of CEMETERY or CREMATORY: MORELANDS
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: J. D. CONNELLY SONS
ADDRESS: 300 MACE

VS 150-REV. 1/1/68

44-30-01
CEK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. J-525 69 8093 REG. NO. 69 8093

1. NAME OF DECEASED (Type or Print): Edward Johnson

2. DATE AND HOUR OF DEATH: 8/2/69 1 15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1 WILLOW AVENUE 21206

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-15-85
9. AGE (In years last birthday): 84
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ORDERLY
10B. KIND OF BUSINESS OR INDUSTRY: HOSP.
11. BIRTHPLACE (State or foreign country): MASS
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-32-6595
17. INFORMANT: BCH RECORDS: ADDRESS: 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 560.2

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiac Arrest — 4 min.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypovolemic Shock — 4 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C) Hemorrhage, Sigmoid Volvulus — 24 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): CHF, Emphysema, — many years

19A. DATE OF OPERATION: 8/2/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Sigmoid volvulus
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): no
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/1/69, 19 to 8/2/69 19, that (I) (we) last saw the deceased alive on 8/2/69 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. J. Holliday, M.D. DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/2/69
23C. PHYSICIAN'S NAME (Type): M.J. HOLLIDAY, M.D. DEGREE
23D. ADDRESS: BCH 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/11/69
24C. NAME of CEMETERY or CREMATORY: MEADOW RIDGE
24D. LOCATION (City, town, or county) (State): BALTO. MD

25A. DATE REC'D BY HEALTH DEPT.: AUG 12 1969
25B. NAME OF REGISTRAR: Robert E. Vaughn, M.D.
25C. FUNERAL DIRECTOR: J. G. CONNELLY SONS ADDRESS: 300 MACE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased priar to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written appraval must be obtained before the remains are embalmed or final disposition is made.

54-83-63 Hjs

S-540

BIRTH NO.

69 8094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8094

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Snell, Sidney Christopher

2. DATE AND HOUR OF DEATH: 7 Aug '69 | 9:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 6 53-00
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 102 Polianski Avenue 21222

5. SEX: Male
6. RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-9-26
9. AGE (In years last birthday): 43
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel
11. BIRTHPLACE (State or foreign country): Trinidad
12. CITIZEN OF WHAT COUNTRY? Trinidad
13. FATHER'S NAME: John Roberts
14. MOTHER'S MAIDEN NAME: Agnes Snell
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-62-3497
17. INFORMANT: BCH: Records Baltimore, Maryland 21224 — ADDRESS: 4940 Eastern Avenue

CAUSE OF DEATH

481 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Pulmonary Edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 hr.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Possible chemical Pneumonitis — 14 hr.

DUE TO, OR AS A CONSEQUENCE OF:

(C) possible Aspiration of Gastric contents or abdominal-thoracic perforation — 14 hr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Possible Pancreatitis, peritonitis (chem). Pneumococcal Pneumonia — 48 hr +

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 7 Aug. '69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Tracheostomy to improve resp'n.
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 3 Aug 1969 to 7 Aug 1969, that ~~(I)~~ (we) last saw the deceased alive on 3 Aug 1969 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Smith W. Douglas, III MD — DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8 Aug 69
23C. PHYSICIAN'S NAME (Type): SMITH W. DOUGLAS III M.D. — DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-15-69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Wm O March — ADDRESS: 928 E. North Ave.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8095 X

BIRTH NO. C-455 69-13759 69 8095

1. NAME OF DECEASED (Type or Print): Clemmons Baby Boy

2. DATE AND HOUR OF DEATH: 7/18/1969 9.17 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1512
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2443 Keyworth Ave

5. SEX: M
6. RACE: NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/18/1969
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 7 Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SINAI HOSPITAL
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Clemmons
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 776.2

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Respiratory distress
DUE TO, OR AS A CONSEQUENCE OF:
(B) Prematurity
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/18/69 9.27 pm 19 to 9.17 pm 19, that (I) (we) last saw the deceased alive on 7/18/69 9 pm 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Stabstein DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/18/1969
23C. PHYSICIAN'S NAME (Type): Jorge Stabstein, MD DEGREE
23D. ADDRESS: SINAI HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 8-5-69
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State):

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR:
ADDRESS:

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A-220

A-140

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69-14081 69 8096 REG. NO. 69 8096

1. NAME OF DECEASED (Type or Print): BABY GIRL B. AIKIN AFEU

2. DATE AND HOUR OF DEATH: 8.3.69 9.30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2759
C. CITY OR TOWN: Baltimore 21218 D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1424 Kingsway Road

5. SEX: F 6. RACE: N 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 8.3.69 9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 1 Min.: 36 wks

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathaniel Akumyani Aikins 14. MOTHER'S MAIDEN NAME: Josephine Theodora Brown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Prematurity — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7.50 P.M. 8-3 1969 to 9.30 P.M. 8-3 1969 that (I) (we) last saw the deceased alive on 9.30 P.M. 8-3 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: K Kaur DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): KIRPAL KAUR DEGREE 23D. ADDRESS: ANATOMY BOARD OF MARYLAND UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE: 8-7-69 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969 25B. NAME OF REGISTRAR: Robert E. Farber M.D. 25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD ADDRESS

VS 150-REV. 1/1/68

K-450 69 8097

BIRTH NO. 69-13423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8097 4

1. NAME OF DECEASED (Type or Print): Baby Girl Kaline

2. DATE AND HOUR OF DEATH: 7-20-69 10:20 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 38 University of Md. Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: ~~Baltimore~~ 2301

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 19 West Ostend Street

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7/18/69

9. AGE (In years last birthday): 0

If Under 1 Yr. Months: 0 Days: 2 If Under 24 Hrs. Hours: 7 Min.: 43

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NB

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard Beecher

14. MOTHER'S MAIDEN NAME: Florence Kaline

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Patients Chart

ADDRESS

MEDICAL CERTIFICATION

18. 7691

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: shock, Septicem

DUE TO, OR AS A CONSEQUENCE OF:

(B) mother Blood loss and early unpleved

DUE TO, OR AS A CONSEQUENCE OF:

(C) nuchem, + prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Prematurity.

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-18-1969 to 7-20-1969 that (I) (we) last saw the deceased alive on 7-20-1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Khawla Abbouet DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7-20-69.

23C. PHYSICIAN'S NAME (Type): KHAWLA ABBOUET DEGREE

23D. ADDRESS: University of Maryland.

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 8-7-69

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-453 69 8098

BIRTH NO. 69-13908-1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8098 4

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BABY BOY BLONDING

2. DATE AND HOUR OF DEATH: 8-1-69 | 8:00 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 1304
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: ~~38~~ 2314 Whittier Ave

5. SEX: M
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-1-69
9. AGE (In years last birthday): If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours: 6 Min.: 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO., MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: JOHN WILLIAMS
14. MOTHER'S MAIDEN NAME: VIRGINIA SMITH
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 776.21

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: PULMONARY IMMATURITY
DUE TO, OR AS A CONSEQUENCE OF:

(B) PREMATURITY (30 WK GEST.)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1:15 AM 8-1 1969 to 8 AM 8-1 1969 that (I) (we) last saw the deceased alive on 8-1 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Felix L Kaufman M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-1-69
23C. PHYSICIAN'S NAME (Type): DEGREE
23D. ADDRESS: ANATOMY BOARD OF MARYLAND UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 8-7-69
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town or county) (State):

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS:

VS 150-REV. 1/1/68

10-13-83 ID

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-300 69 8099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8099

1. NAME OF DECEASED (Type or Print): STELLA GOOD

2. DATE AND HOUR OF DEATH: JULY 25, 1969 7:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS, 4940 EASTERN AVENUE, BALTIMORE, MARYLAND 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2612
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: BALTO. MD. 21224 BALTIMORE CITY HOSPITALS 4940 EASTERN AVE.

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10-13-82
9. AGE (In years last birthday): 86
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ALLENTOWN, PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES GOOD
14. MOTHER'S MAIDEN NAME: DIANA ROTH

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 216-54-0109
17. INFORMANT: BCH RECORDS-4940 EASTERN AVENUE BALTO. MD. ADDRESS 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4 27.0

(A) IMMEDIATE CAUSE: Pneumonia — Approximate interval between onset and death: 1 day

DUE TO, OR AS A CONSEQUENCE OF:

(B) Congestive heart Failure — 2 months

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1938 to July 25 1969 that (I) (~~we~~) last saw the deceased alive on July 25 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Edward J Lee DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: July 25, 1969
23C. PHYSICIAN'S NAME (Type): EDWARD LEE, MD.
23D. ADDRESS: BALTO. MD. 21224 BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 8-4-69
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, Town, or County) (State):

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
26A. FUNERAL DIRECTOR:
ADDRESS:

0 0 0 8 0 8 7

VS 150-REV. 1/1/68

B-632. 69 8100

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8100

1. NAME OF DECEASED (Type or Print): BRIDGES, Arvlee

2. DATE AND HOUR OF DEATH: 7/28/69 | 10:25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 203
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1908 Aliceann Street

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 8/6/27
9. AGE (In years last birthday): 41
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

E890X

(A) IMMEDIATE CAUSE: Cardiac anest; Hypotension
DUE TO, OR AS A CONSEQUENCE OF:
(B) Prob. sepsis
DUE TO, OR AS A CONSEQUENCE OF:
(C) 85% Body burns 2°; 3°.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: July 21-28th 7 days

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): Pending
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1908 Aliceann Street
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7-21-69 8AM
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [X]
21F. HOW DID INJURY OCCUR? GAS leak & explosion & fire

22. I certify that (I) (this hospital) attended the deceased from 7-21 1969 to 7-28 1969 that (I) (we) last saw the deceased alive on 7-28 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hugh Robinson MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7-28-69
23C. PHYSICIAN'S NAME (Type): Hugh Robinson, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 8-4-69
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Tolley, M.D.
25C. FUNERAL DIRECTOR
ADDRESS

VS 150-REV. 1/1/68

RELEASED ON APPROVAL BY DR. SPRINGATE, M.E. OFFICE, 7/28/69
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. Place in box 1154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-151 69 8101

REG. NO. 69 8101

1. NAME OF DECEASED (Type or Print): RIVENBARK, Lucille

2. DATE AND HOUR OF DEATH: 8/7/69 7:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MONTEBELLO STATE HOSP 2201 ARGONNE DR.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 1803
C. CITY OR TOWN: BALTO
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 35 S. CAREY ST.

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: 11-10-96
9. AGE (In years last birthday): 72
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. I 1748

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) METASTATIC Ca of — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 YRS.

DUE TO, OR AS A CONSEQUENCE OF:

(B) RIGHT BREAST

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 NO
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/23 19 69 to 8/7 19 69, that (I) (we) last saw the deceased alive on 8/7 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Edward R. Cohen MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 8/7/69
23C. PHYSICIAN'S NAME (Type): EDWARD R. COHEN MD DEGREE
23D. ADDRESS: 22 S. GREENE ST. BALTIMORE, MD.

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 8-11-69
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State):

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Tarber, M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-640 69 8102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. ~~446~~ ~~0745~~ 45-69 8102

BIRTH NO. 69-12301

1. NAME OF DECEASED (Type or Print): BABY BOY "B" CARROLL

2. DATE AND HOUR OF DEATH: JUNE 12, 1969 | 8^40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: SINAI HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 21207 2841

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3607 PARKVIEW AVE., APT. C

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-11-69

9. AGE (In years last birthday)

If Under 1 Yr. Months | Days: 1 | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES CARROLL

14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MEDICAL CERTIFICATION

1B. 7261 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Hyaline Membrane Disease

DUE TO, OR AS A CONSEQUENCE OF:

(B) Prematurity

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____, that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lawrence Zellerbach M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type)

23D. ADDRESS

ANATOMY BOARD OF MARYLAND

UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 8-5-69

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, county) (State)

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969

25B. NAME OF REGISTRAR: Robert E. Foster, M.D.

25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. T-550 69 8103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8103

1. NAME OF DECEASED (Type or Print): WILLIAM A. THUMAN

2. DATE AND HOUR OF DEATH: AUGUST 9, 1969 6:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2631

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 5914 GREENHILL AVENUE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: JUNE 21, 1900

9. AGE (In years last birthday): 69

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE THUMAN

14. MOTHER'S MAIDEN NAME: FRANCES HANEKE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: MC 218096230 A

17. INFORMANT: MERCEDES THUMAN

ADDRESS: 5914 GREENHILL AVE. BALTO. MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CEREBRO-VASCULAR HEMORRHAGE

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCLEROSIS W/ HYPERTENSION

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

P.O.S.

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 7 1969 to AUGUST 9 1969 that (I) (we) last saw the deceased alive on AUGUST 9 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Yu Sui Lit M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8-9-69

23C. PHYSICIAN'S NAME (Type): YU, SUI LIT M.D. DEGREE

23D. ADDRESS: UNION MEMORIAL HOSP. BALTO. MD

THE UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/12/69.

24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969

25B. NAME OF REGISTRAR: Robert E. Fuller, M.D.

25C. FUNERAL DIRECTOR: Leonard J. Rack, Inc.

ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8104

BIRTH NO. L-400 69 8104

1. NAME OF DECEASED (Type or Print): Lilly, Catherine E.

2. DATE AND HOUR OF DEATH: 8/11/69 10 25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2641
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 5404 Knell Ave

5. SEX: F
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1/16/95
9. AGE (In years last birthday): 74
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balt. Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Pensmith
14. MOTHER'S MAIDEN NAME (Oberhein): Minnie Oserhein

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service): S.S.No: 213-48-8801
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Lovis R. Lilly Chart
ADDRESS: 5404 Knell Ave, Balto, Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 173.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Ca — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: months
DUE TO, OR AS A CONSEQUENCE OF:

(B) Basal cell Ca — 1 year
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/17 1969 to 8/11 1969, that (I) (we) last saw the deceased alive on 8/11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: I. Frank Hartman II MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/11/69
23C. PHYSICIAN'S NAME (Type): I. FRANK HARTMAN II M.D DEGREE
23D. ADDRESS: Md. Gen. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): burial
24B. DATE: 8-14-69
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.-Balto, Md.-14
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-452 69 8105 REG. NO. 69 8105

1. NAME OF DECEASED (Type or Print): Ada COLLINS

2. DATE AND HOUR OF DEATH: 9 Aug 69 4:10 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Fayette Convalescent Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: 2758
C. CITY OR TOWN: Balt D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1737 Waverly Way 21212

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 1 Nov 84 9. AGE (In years last birthday): 84 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chas Griffin
14. MOTHER'S MAIDEN NAME: Rebecca Oliver

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 270708482
17. INFORMANT: Mrs. Suzanne Wagner ADDRESS: 1250 MERIDENE DRIVE 21212

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.4

(A) IMMEDIATE CAUSE: acute CHF — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1d

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10 Nov 1963 to 9 Aug 1969, that (I) (we) last saw the deceased alive on 9 Aug 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J Hulla MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9 Aug 69
23C. PHYSICIAN'S NAME (Type): J. Hulla MD DEGREE
23D. ADDRESS: 2214 Fayette St 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-12-69
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert F. Jeffery M.D.
25C. FUNERAL DIRECTOR: Nicholas T. Matthews ADDRESS: 3021 Eastern Ave, Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased priar to death. Such written approval must be obtained before the remains are embalmed or final dispositian is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 11-200 69 8106

REG. NO. 69 8106

1. NAME OF DECEASED (Type or Print): Barbara C. Meise

2. DATE AND HOUR OF DEATH: 8-8-1969 1:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 House in the Pines BELAIR

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2434
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6122 Ridgeview Avenue 21206

5. SEX: Female
6. RACE: Cau.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 1-1-1883
9. AGE (In years last birthday): 86
If Under 1 Yr. Months / Days / Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Baier
14. MOTHER'S MAIDEN NAME: Barbara Markley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-54-1551
17. INFORMANT: Mrs Everett Hughes
ADDRESS: 6122 Ridgeview Av

CAUSE OF DEATH

18. MEDICAL CERTIFICATION

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Congestive Heart Failure — 1 year

DUE TO, OR AS A CONSEQUENCE OF:

(C) Multiple Myocardial Infarctions — 3 weeks

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Old Myocardial Infarction, Cholelithiasis, Glaucoma — 1 year

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from April 4 1959 to 8/8/1969, that (I) (~~we~~) last saw the deceased alive on 8/6/1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Albert B Bradley, DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/9/69
23C. PHYSICIAN'S NAME (Type): ALBERT B. BRADLEY, M.D. DEGREE
23D. ADDRESS: 4900 BELAIR ROAD 21206

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-11-1969
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Cemetery
24D. LOCATION (City, town, or county): Baltimore (State): Md

25A. DATE REC'D BY HEALTH DEPT. AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Lassahn Funeral Home
ADDRESS: 7401 Belair Roa

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-536 69 8107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8107

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROSE BENDER

2. DATE AND HOUR OF DEATH: Aug. 10, 1969 6:15 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland. B. COUNTY: 702
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 703 N. Belnord Ave.

5. SEX: Female 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: May 10, 1897 9. AGE (In years last birthday): 72 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Czechoslovakia 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANK ZAHROBSKY

14. MOTHER'S MAIDEN NAME: BARBARA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212091612B

17. INFORMANT: Evelyn M.A. Shimek ADDRESS: 47 Belmore Road

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.3 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Coronary Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C) Age

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Agitated Depression.

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — 20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): None

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? None

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan 19 69 to Aug 19 69, that (I) (~~we~~) last saw the deceased alive on 8/9/1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Charles P. Crimy M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 8/11/69

23C. PHYSICIAN'S NAME (Type): CHARLES. P. CRIMY M.D. DEGREE 23D. ADDRESS: 2722 E. MONUMENT ST BALTO MD 21205

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: Aug 13, 1969 24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969 25B. NAME OF REGISTRAR: Robert E. Farber M.D. 25C. FUNERAL DIRECTOR: Philip F. Gruch ADDRESS: 1211 Chesapeake Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

D-326 69 8108

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8108

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JENNIE A. DOETZER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 9, 1969 Hour 7:30 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3213 Leeds St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2006
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3213 Leeds St.

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Jan. 12, 1891
10. AGE (In years last birthday): 78
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Martin

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Margaret A. Spitzner

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: N. Linthicum, Md. ADDRESS: 21090
Mr. Frank Doetzer 307 Charles Rd.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E 963 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Strangulation
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3213 Leeds St. 2006

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8-8 or 8-9-69 ? m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Strangled at home

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8-9-69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 12, 1969
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: G. Truman Schwab 3512 Frederick Ave. ADDRESS: Balto. Md. 21229

VS 151-REV. 1/1/68

N994173 5 9 0 0 0 8 0 9 6

K-620 69 8109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8109

BIRTH NO.

1. NAME OF DECEASED (Type or Print): KRAUSS, JOSEPH CONRAD

2. DATE AND HOUR OF DEATH: AUGUST 10, 1969 7:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL WILKENS & CATON AVES. BALTIMORE, MD. 21229

4D

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE CO. 2854

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 5526 FREDERICK AVENUE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 05/01/83

9. AGE (In years last birthday): 85

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAPERHANGER

10B. KIND OF BUSINESS OR INDUSTRY: PAPERHANGING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH KRAUSS DEC'D

14. MOTHER'S MAIDEN NAME: EVA (KATHRUN) KRUASS DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219305366

17. INFORMANT: ST. AGNES HOSPITAL ADDRESS: WILKENS & CATON AVES. BALTIMORE, MD. 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic adenocarcinoma

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of rectum

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 11, 1969 to AUGUST 10, 1969 that (I) (we) last saw the deceased alive on AUGUST 10, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Carlos M. Obegoso DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8/10/69

23C. PHYSICIAN'S NAME (Type): CARLOS M. OBEGOSO, M.D. DEGREE

23D. ADDRESS: ST. AGNES HOSPITAL WILKENS & CATON AVES. BALTIMORE, MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Aug. 13, 1969

24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969

25B. NAME OF REGISTRAR: Jaber E. Jaber M.D.

25C. FUNERAL DIRECTOR: G. Truman Schwab 21229 ADDRESS: 3512 Frederick Ave. Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-620 69 8110

REG. NO. 69 8110

1. NAME OF DECEASED (Type or Print): JOSEF J. KRUG

2. DATE AND HOUR OF DEATH: 8-12-69 AM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL of BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: COUNTY

B. COUNTY: 2720

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 3619 Seven Mile La.

5. SEX: M

6. RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5-18-81

9. AGE (In years last birthday): 88

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac

14. MOTHER'S MAIDEN NAME: Karolide

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-24-4126

17. INFORMANT: Mrs Irene Krug

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

153.X1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ARRYTHMIA -

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) MYOCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

COLONIC CANCER.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 8-6-69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: INTESTINAL OBSTRUCTION

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-4-69 19 to 8-12- 19 69 that (I) (we) last saw the deceased alive on 8-12-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M Bodenheimer DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8-12-69

23C. PHYSICIAN'S NAME (Type): M. BODENHEIMER DEGREE

23D. ADDRESS: SINAI HOSPITAL.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/17/69

24C. NAME of CEMETERY or CREMATORY: Chevra Ahavas Chesed

24D. LOCATION (City, town, or county): Randallstown (State): Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969

25B. NAME OF REGISTRAR: Robert E. Foley, M.D.

25C. FUNERAL DIRECTOR: Sylvan G. Levin & Son

ADDRESS: 9610 Reisterstown Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-616 69 8111

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69 8111

1. NAME OF DECEASED (Type or Print): SAMUEL GERBER

2. DATE AND HOUR OF DEATH: 8-12-69 | 2.39 a M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JEWISH CONVALESCENT HOME

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md B. COUNTY: Baltimore 2716

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 4601 PALL MALL

5. SEX: M

6. RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify):

8. DATE OF BIRTH: 10-10-95

9. AGE (In years last birthday): 73

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bernard

14. MOTHER'S MAIDEN NAME: Sarah

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Jessie Gerber

ADDRESS: Same

MEDICAL CERTIFICATION

18. 15-7.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

(B) Cancer of Pancreas — 6 months

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-20- 1969 to 8-12- 1969, that (I) (we) last saw the deceased alive on 8-12-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ardaiz M.D. Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8-12-69

23C. PHYSICIAN'S NAME (Type): Jose ARDAIZ M.D.

23D. ADDRESS: THE COLONY Apts. 7 OBERLIN COURT Towson, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/13/69

24C. NAME of CEMETERY or CREMATORY: Workmen Circle

24D. LOCATION (City, town, or county): Balto (State): Md

25A. DATE-REC'D BY HEALTH DEPT.: AUG 13 1969

25B. NAME OF REGISTRAR: Robert E. Taylor M.D.

25C. FUNERAL DIRECTOR: S. Levin & Son

ADDRESS:

VS 180-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. X-530 69 8112

REG. NO. 69 8112

1. NAME OF DECEASED (Type or Print): Brenda J. Kennedy

2. DATE AND HOUR OF DEATH: 8-8-69 8 a.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): House of Pines

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 805
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1614 Normal Ave.

5. SEX: Female
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-21-1950
9. AGE (In years last birthday): 19
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Norman Kennedy
14. MOTHER'S MAIDEN NAME: Dorothy Goss

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-52-7256
17. INFORMANT: Mrs. Dorothy Kennedy
ADDRESS: 1614 Normal Ave.

CAUSE OF DEATH

18. 650 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Decerebrate + High temp
DUE TO, OR AS A CONSEQUENCE OF: Cardiac arrest + Encephalitis
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 months

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 4/28/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Baby Delivery
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 30 1969 to Aug 8 1969, that (I) (we) last saw the deceased alive on Aug 1 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Lester N Kolman MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/11/69
23C. PHYSICIAN'S NAME (Type): LESTER N. KOLMAN, M.D. DEGREE
23D. ADDRESS: 6821 Reisterstown Rd. Balto Md. 21215

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/12/69
24C. NAME of CEMETERY or CREMATORY: Normal Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Jaffee, M.D.
25C. FUNERAL DIRECTOR: Randolph J. Gollick
ADDRESS: 2431 E. Oliver St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-653 69 8113

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8113

1. NAME OF DECEASED (Type or Print): WILLIE G. MORANT

2. DATE AND HOUR OF DEATH: 8-6-69 4:00PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 908
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2009 BOONE ST.

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] SEP DIVORCED [ ]
8. DATE OF BIRTH: 1-10-01
9. AGE (In years last birthday): 68
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Steel Co.
11. BIRTHPLACE (State or foreign country): Charleston, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE MORANT
14. MOTHER'S MAIDEN NAME: ANGELINE WILSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213 07 1256
17. INFORMANT: Jacquelin Carter ADDRESS: 1834 N. Castle St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Pulmonary embolus	4 hours
DUE TO, OR AS A CONSEQUENCE OF: (B)	Surgery	5 days
DUE TO, OR AS A CONSEQUENCE OF: (C)	Previous pulmonary emboli	4 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Syphilitic Aortitis & CHF	40 years

19A. DATE OF OPERATION: 8/1/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Prostatic hypertrophy
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Aug 6 69 4PM
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ~~Aug 4~~ July 27 1969 to 8/6 1969 that (I) (we) last saw the deceased alive on 8/6 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas R. Griggs MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/6/69
23C. PHYSICIAN'S NAME (Type): THOMAS R. GRIGGS DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 8-9-69
24C. NAME of CEMETERY or CREMATORY: A.M.E. Church Cemetery
24D. LOCATION (City, town, or county) (State): Honey Hill S.C.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Randolph J. Carlick
ADDRESS: 2431 E. Oliver St.

VS 150-REV. 1/1968

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

C-400 69 8114

BIRTH NO. [redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8114

1. NAME OF DECEASED (Type or Print): Robert Cole

2. DATE AND HOUR OF DEATH: 8-11-69 11:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 415 Good Samaritan Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2562
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 1103 Slater Road

5. SEX: M
6. RACE: N
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-19-1901
9. AGE (In years last birthday): 69
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Charlotte Co., Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cole
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: 218-01-5662
17. INFORMANT: Mrs Remaver Cole 1103 Slater Rd.
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: long standing
DUE TO, OR AS A CONSEQUENCE OF:

(B) Diabetis Hypertension
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to ____ 19__, that (I) (we) last saw the deceased alive on 8-11 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mark Dunn, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-11-69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-15-69
24C. NAME of CEMETERY or CREMATORY: National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Randolph J. Leollick
ADDRESS: 2431 E. Oliver St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-620 69 8115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8115

1. NAME OF DECEASED (Type or Print): William Algernon Percy

2. DATE AND HOUR OF DEATH: 8/10/69 1525 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: University of Maryland Hospital 38

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Dorchester Co. 5900

C. CITY OR TOWN: Vienna 21869 D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: Woodlands Farm

5. SEX: M 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12/15/13 9. AGE (In years last birthday): 55 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A. Percy 14. MOTHER'S MAIDEN NAME: Mary Darby

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs W. A. Percy ADDRESS: Sa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Embolism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(B) Bronchogenic Carcinoma

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8/5/69 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Bronchogenic Carcinoma 20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/31 1969 to 8/10 1969 that (I) (we) last saw the deceased alive on 8/16 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard A. Baum M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 8/10/69

23C. PHYSICIAN'S NAME (Type): Richard A. Baum M.D. DEGREE 23D. ADDRESS: University of Maryland Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: Aug 13 1969 24C. NAME of CEMETERY or CREMATORY: East New Market Cemetery 24D. LOCATION (City, town, or county) (State): East New Market, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: LeCompte Funeral Service, Cambridge, Md. ADDRESS:

VS 150-REV. 1/1/68

M-650 BIRTH NO. 69 8116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8116

1. NAME OF DECEASED (Type or Print): MORAN, Clifford

2. DATE AND HOUR OF DEATH: 8-11-69 | 8 00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 43 SOUTH BALTIMORE GEN HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANCO 5200
C. CITY OR TOWN: ~~BALTH~~ Glen Burnie
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 309 Glenwood Ave

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-2-14
9. AGE (In years last birthday): 55
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): B & O RR
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HOMER MORAN
14. MOTHER'S MAIDEN NAME: ERMA JONES

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: HOSPITAL CHART
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
410.9	(A) IMMEDIATE CAUSE: CARDIAC ARREST	MINS
	DUE TO, OR AS A CONSEQUENCE OF: (B) ACUTE MYOCARDIAL INFARCTION	4 HRS
	DUE TO, OR AS A CONSEQUENCE OF: (C) ARTERIOSCLEROSIS	YEARS

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-11 1969 to 8-11 1969 that (I) (we) last saw the deceased alive on 8-11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M A Tolentino DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-11-69
23C. PHYSICIAN'S NAME (Type): MARIANO A. TOLENTINO DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/15/69
24C. NAME of CEMETERY or CREMATORY: Meadowridge Mem Pk
24D. LOCATION (City, town, or county) (State): Elkridge Howard Co Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.
25C. FUNERAL DIRECTOR: McCullough 937 Patapsco ave
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-140 69 8117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8117

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): GEORGE F. GOEBEL JR

2. DATE AND HOUR OF DEATH: AUGUST 10, 1969 1:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4 THE UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2714
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4523 KESWICK ROAD

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-25-09
9. AGE (In years last birthday): 59 — If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Solicitor
10B. KIND OF BUSINESS OR INDUSTRY: Freight
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? AMERICAN
13. FATHER'S NAME: GEORGE F. GOEBEL SR
14. MOTHER'S MAIDEN NAME: ELSIE MAE GUTMAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217 20 0194
17. INFORMANT: Geo F Goebel III — ADDRESS: 21212 1012 Marlow Dr

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ~~IMMEDIATE CAUSE~~ CONGESTIVE HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from NOVEMBER 1962 to AUGUST 10 1969 that (I) (we) last saw the deceased alive on AUGUST 6, 1969 and that ~~I (my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: [signature] DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: August 11, 1969
23C. PHYSICIAN'S NAME (Type): MIGUEL SANCHEZ-PALACIOS DEGREE
23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 14 Aug '69
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Parkwood, Balto. Co., Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Burgee Funeral Home — ADDRESS: 3631 Falls Rd
Walter J. Renus

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-652 69 8118 X REG. NO. 69 8118

1. NAME OF DECEASED (Type or Print): BRONSTEIN SARAH

2. DATE AND HOUR OF DEATH: 8-8-1969 11:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LEVINDALE HOME BALTIMORE, MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto. 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 7918 IVY LANE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 9-15-1877
9. AGE (In years last birthday): 91
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? WEINSTEIN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT: MR. MYER BRONSTEIN, ADDRESS: 7918 IVY LANE

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pulmonary Edema
DUE TO, OR AS A CONSEQUENCE OF:
(B) A.S.C.V.D
DUE TO, OR AS A CONSEQUENCE OF:
(C) PULMONARY INFARCTION

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3-27-1969 to 8-8-1969, that (I) (we) last saw the deceased alive on 8-8-1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Young Hea Lew M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/8/69
23C. PHYSICIAN'S NAME (Type): YOUNG HEA LEW M.D. DEGREE
23D. ADDRESS: Levindale home, Balto, MD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL M
24B. DATE: 8-10-69
24C. NAME of CEMETERY or CREMATORY: SHOMRE ADATH
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/176B

1969 0 0 8 1 0 6

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-500 69 8119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8119

1. NAME OF DECEASED (Type or Print): MICHAEL COHEN

2. DATE AND HOUR OF DEATH: AUGUST 8, 1969 6 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2717
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5004 PIMLICO ROAD

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH:
9. AGE (In years last birthday): 71
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAILOR
10B. KIND OF BUSINESS OR INDUSTRY: CLOTHING
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LOUIS COHEN
14. MOTHER'S MAIDEN NAME: LENA YOSPE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): W.W. I ARMY
16. SOCIAL SECURITY NO.: 212-07-6234A
17. INFORMANT: MRS. SARAH ~~KR~~ COHEN
ADDRESS: 5004 PIMLICO ROAD

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Pancreas — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO, OR AS A CONSEQUENCE OF: None

(B) DUE TO, OR AS A CONSEQUENCE OF: None

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): None

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan 9 1969 to Aug 8 1969, that (I) (~~we~~) last saw the deceased alive on Aug 8 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Manuel Levin DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/9/69
23C. PHYSICIAN'S NAME (Type): MANUEL LEVIN DEGREE
23D. ADDRESS: 6101 PARK HEIGHTS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-10-69
24C. NAME of CEMETERY or CREMATORY: JEWISH WAR VETERANS MEMORIAL
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

0 0 0 8 1 0 7

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. J-210 69 8120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8120

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): CLARA E. JOSEPH

2. DATE AND HOUR OF DEATH: AUGUST 9, 1969 | 10 45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 Canterbury House 6807 Park Heights Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2730
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES XX NO
E. STREET AND NUMBER: 6807 Park Heights Avenue

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Feb. 4, 1902
9. AGE (In years last birthday): 67
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph A. Silverman
14. MOTHER'S MAIDEN NAME: Yetta Idov
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-26-3969
17. INFORMANT: Mrs. Carol Caplan ADDRESS: 4392 Crestheights Road

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 410.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2
DUE TO, OR AS A CONSEQUENCE OF:
(B) ACVD — 15 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from October 25 1954 to Aug. 9 1969, that (I) (~~we~~) last saw the deceased alive on July 29 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Stanley Steinbach MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-9-69
23C. PHYSICIAN'S NAME (Type): STANLEY STEINBACH DEGREE
23D. ADDRESS: ELEVEN SLADE AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 10, 1969
24C. NAME of CEMETERY or CREMATORY: Baltimore Hebrew
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Sol Levinson & Bros.
ADDRESS: 6010 Reisterstown Road

VS 150-REV. 1/1/68

9 6 9 0 0 0 8 1 0 0

K-500 69 8121

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8121

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ETTA KAHN

2. DATE AND HOUR OF DEATH: August 8, 1969 | 6:55 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BELVEDERE NURSING HOME 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1301
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: ESPLANADE APTS., APT. 6 C

5. SEX: FEMALE
6. RACE: WHTIE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 8-2-1897
9. AGE (In years last birthday): 72
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CHARLES NEWMAN
14. MOTHER'S MAIDEN NAME: NETTIE ULLMAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. DANIEL GOLUB, 3220 MIDFIELD RD. #8 — ADDRESS

MEDICAL CERTIFICATION

1B. 412.22 + 250.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Congestive Heart Failure & Acute Pulmonary Edema — 48 hours
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertensive Arteriosclerotic Cardiovascular Disease — 5 years
DUE TO, OR AS A CONSEQUENCE OF:
(C) Chronic Brain Disease & Right Hemiparesis. — 2 years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: Diabetes Mellitus — 20 years.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 14 1969 to August 8 1969, that (I) (we) last saw the deceased alive on August 8, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H. WILLIAM PRIMAKOFF DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-8-69
23C. PHYSICIAN'S NAME (Type): H. William Primakoff DEGREE
23D. ADDRESS: Emergency Treatments - Balto, Md 21217

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-10-69
24C. NAME OF CEMETERY or CREMATORY: BALTIMORE HEBREW
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD — ADDRESS

0 0 0 8 1 0 9

VS 150-REV. 1/1/68

W-420 69 8122

BIRTH NO. 69-13440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8122 4

1. NAME OF DECEASED (Type or Print): BABY BOY WELLS

2. DATE AND HOUR OF DEATH: 9:30 AM 7/19/69 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: BALTO. MD

B. COUNTY: 1703

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1143 ARGYLE AVE

5. SEX: M

6. RACE: N

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/19/69

9. AGE (In years last birthday): 1:20

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 1 Min.: 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): UNIV. HOSPITAL BALTO, MD

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: VERONICA WELLS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: IMMATURITY

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

E.D.C. 10/69

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): ~~Yes~~ No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/19 1969 to 7/19 1969 that (I) (we) last saw the deceased alive on 7/19 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert L. Gingell DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 7/19/69

23C. PHYSICIAN'S NAME (Type): ROBERT L. GINGELL DEGREE

23D. ADDRESS: UNIVERSITY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): CRY

24B. DATE: 8-7-69

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969

25B. NAME OF REGISTRAR: E. Faber, M.D.

25C. FUNERAL DIRECTOR: ADDRESS:

ANATOMY BOARD OF MARYLAND

UNIVERSITY MEDICAL SCHOOL

MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. J-520 69 8123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8123

1. NAME OF DECEASED (Type or Print): Thornton James

2. DATE AND HOUR OF DEATH: August 12, 1969 | 12:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 33 Johns Hopkins Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 908
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 761 Bartlett Avenue 21218

5. SEX: Male
6. RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/19/15
9. AGE (In years last birthday): 54
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bealton, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thornton, Sr.
14. MOTHER'S MAIDEN NAME: Laura

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-07-0138
17. INFORMANT: Julia Odell James 761 Bartlett Ave. ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — 1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Complete heart block — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) Massive acute anterior myocardial infarction — 20 hours

DUE TO, OR AS A CONSEQUENCE OF:

(C) Coronary arteriosclerosis — (?) years

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): None
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?: —

22. I certify that (I) ~~(this hospital)~~ attended the deceased from (8:30 AM) Aug 11, 1969 to (12:30 AM) Aug 12 1969 that (I) ~~(we)~~ last saw the deceased alive on Aug 12 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Thomas E. Davis, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Aug 12, 1968
23C. PHYSICIAN'S NAME (Type): Thomas E. Davis, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 23/69
24C. NAME of CEMETERY or CREMATORY: Gardens of Eternal Hope
24D. LOCATION (City, town, or county) (State): Forestville Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Elliott Funeral Home
ADDRESS: 1129 N CAROLINE ST.

VS 150-REV. 1/1/68

1

P-632 69 8124

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 69 8124

1. NAME OF DECEASED (Type or Print): ALBERT PRITCHETT

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 8,1969 Hour 11:40 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2349 Eutaw Place

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 1302

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 2/23/22

10. AGE (In years last birthday): 47 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 2349 Eutaw Place

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert H. Pritchett

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Rena Morris

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 213 16 4564

18. INFORMANT: Victoria Lewis ADDRESS: 2814 Clifton Ave.

MEDICAL CERTIFICATION

19. 4124

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Chronic Bronchiectosis

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 8/8/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/13/69

24C. NAME of CEMETERY or CREMATORY: Balto. Natl. Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. AUG 13 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: V.R. Bailey ADDRESS: Kelson F.H. 1348 Calhoun St.

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-322 69 8125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8125

1. NAME OF DECEASED (Type or Print): HITCHCOCK, FRANK BARE

2. DATE AND HOUR OF DEATH: AUGUST 12, 1969 | 2:35 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: HOWARD 6300
C. CITY OR TOWN: ELLICOTT CITY D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3402 HICKORY DRIVE

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 02-24-90 9. AGE (In years last birthday): 79 | If Under 1 Yr. Months: Days | If Under 24 Hrs. Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: Candy Co.
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM HITCHCOCK
14. MOTHER'S MAIDEN NAME: LILLIAN WINTERKNIGHT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 185-01-1416
17. INFORMANT: BALTIMORE, MD. 21229 ADDRESS: ST. AGNES RECORDS-CATON & WILKENS AVES

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 4329 Basilar artery Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from AUGUST 2, 1969 to AUGUST 12, 1969 that ~~I~~ (we) last saw the deceased alive on AUGUST 12, 1969 and that ~~In~~ (my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hermenegildo Isidro M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Aug. 12, 1969
23C. PHYSICIAN'S NAME (Type): HERMENEGILDO ISIDRO M.D. DEGREE
23D. ADDRESS: BALTIMORE, MD. 21229 ST. AGNES HOSPITAL-CATON & WILKENS AVES.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/14/69
24C. NAME of CEMETERY or CREMATORY: Mt. Vernon Cemetery
24D. LOCATION (City, town, or county) (State): Philadelphia, Penna

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969 Robert E. Faber, M.D.
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Howard County F. H. ADDRESS: Harry H. Witzke, Ellicott City, Md. 21043

VS 150-REV. 1/1/68

BIRTH NO. C-636 69 8126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8126

1. NAME OF DECEASED (Type or Print): Clifton Carter

2. DATE AND HOUR OF DEATH: 3:50 AM 8/11/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1603

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1616 Edmondson Avenue 21223

5. SEX: Male

6. RACE: Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8/1/12

9. AGE (In years last birthday): 57 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Carter

14. MOTHER'S MAIDEN NAME: Nellie

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 240-10-7671

17. INFORMANT: Maretha Carter ADDRESS: 1616 Edmondson Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Disseminated Adenocarcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 17 1969 to Aug 11 1969 that (I) (we) last saw the deceased alive on Aug 11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas R. Griggs MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: Aug 11, 1969

23C. PHYSICIAN'S NAME (Type): Thomas R. Griggs, M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/15/69

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Charles A. Rice ADDRESS: 661 W. Barre St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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S-542 69 8127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8127

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph James Samuels

2. DATE AND HOUR OF DEATH: Aug. 11, 1969 | 3:45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Service Hospital, 3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2 | 01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 229 S. Greene St.

5. SEX: M
6. RACE: Col
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9/1/04
9. AGE (In years last birthday): 64
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Ga.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Miledge Samuels
14. MOTHER'S MAIDEN NAME: Mary Wheeler
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 226-09-7294
17. INFORMANT: Records- US PHS Hospital, Balto, Md.
ADDRESS:

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 412.2 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Uremia — Days
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arterionephrosclerosis — Months
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Peri-rectal abscess — Weeks
Hypertensive cardiovascular disease — Years

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 17 1969 to Aug. 12 1969 that (I) (we) last saw the deceased alive on Aug. 11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald E. Beaudoin MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/12/69
23C. PHYSICIAN'S NAME (Type): Donald E. Beaudoin, SA Surg (R) DEGREE
23D. ADDRESS: US PHS Hospital, Balto, Md. 21211

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/16.69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Pk
24D. LOCATION (City, town, or county) (State): Arbutus, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Taylor, M.D.
25C. FUNERAL DIRECTOR: Charles A. Rice
ADDRESS: 661 W. Barre St.

VS 150-REV. 1/1/68

RGB

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

W-420 69 8128

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8128

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Wells

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 8 Day: 11 Year: 69 Hour: 3:30 p. m.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 11 Year: 69 Hour: 3:30 p. m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
38 University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Anne Arundel 0210

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Annapolis
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 4-8-1923
10. AGE (In years last birthday): 46
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

E. STREET AND NUMBER: 40 Pinkney

11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Moses Well

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Eleanor Snowden

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W. II
17. SOCIAL SECURITY NO.:
18. INFORMANT: Moses Wells ADDRESS: Route2Box121 Edgewater, Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 431.9 Spontaneous Intracerebral hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D. Deputy Chief Medical Examiner

DATE SIGNED: 8/12/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-15-69
24C. NAME of CEMETERY or CREMATORY: Hope Chapel
24D. LOCATION (City, town, or county) (State): Edgewater, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Wm. Reese, 108 W. Washington St. Annapolis, Md.

VS 151-REV. 1/1/68

1 7 6 9 0 0 0 8 1 1 6

B-260 69 8129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8129

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Howard Baker

2. DATE AND HOUR OF DEATH: Aug-10, 1969 1:45 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 91 Montebello State Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 15 01

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1631 Booker St.

5. SEX: M

6. RACE: N

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12-15-11

9. AGE (In years last birthday): 57

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Augustus Byrd

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Elizabeth

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-05-6555

17. INFORMANT: Hospital chart ADDRESS

MEDICAL CERTIFICATION

1B. 1579

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma, metastatic probably (pancreatic — one year

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 2-27 1969 to 8-10 1969, that (I) (we) last saw the deceased alive on 8-10 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Cesar J. Pellerano M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 8-10-69

23C. PHYSICIAN'S NAME (Type): Cesar J. Pellerano M.D. DEGREE

23D. ADDRESS: Montebello Hosp'tal

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/16/69

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Balto Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Williams Funeral Home ADDRESS: 3199 Belmont St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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1969 0 0 0 8 1 1 1

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S-358 69 8130

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8130

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN A SYDNOR

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: August; Day: 9; Year: 1969; Hour: 2:15 A.M.

3. DATE PRONOUNCED DEAD — Month: August; Day: 9; Year: 1969; Hour: 2:15 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital

CERTIFICATE AMENDED 10-2-69

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1403
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 339 Bloom Street

6. SEX: Male
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: Dec. 3, 1908
10. AGE (In years last birthday): 60
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Hezekiah Sydnor

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Emma Atkins

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Emma Sydnor — ADDRESS: 2921 Rockrose Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E887 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Subdural hematoma
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ?
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ? 00-00

22D. TIME OF INJURY (APPROX.) (Month): Aug ? (Day): 3 (Year): 1969 (Hour): 2:30 p.m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? ? Apparently fell

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [X]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: August 10, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/13/1969
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Williams Funeral Home — ADDRESS: 319 Mosher St.

VS 151-REV. 7/1/68 N83 2 9 0 6 9 0 0 0 8 1 1 0

Letter from M.E.'s office 10-2-69 M.H.

R2521

42

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 69 8131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8131

1. NAME OF DECEASED (Type or Print): REASINGER THOMAS

2. DATE AND HOUR OF DEATH: 8/13/69 | 12:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 15-13
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2710 CLASSEN AVENUE

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/5/96
9. AGE (In years last birthday): 72 — If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MOLDER.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DeBois, PA.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John REASINGER
14. MOTHER'S MAIDEN NAME: ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Fredrick REASINGER — ADDRESS: 3232 Ingleside Ave

MEDICAL CERTIFICATION

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: CARDIO-RESPIRATORY ARREST
DUE TO, OR AS A CONSEQUENCE OF:
(B) SEPTIC SHOCK — 7/20 – 8/11
DUE TO, OR AS A CONSEQUENCE OF:
(C) PNEUMONIA (suspected) — 8/12
ASCVD & CVA

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? 7/20/69 – 8/11/69

22. I certify that (I) (this hospital) attended the deceased from and 8/12/1969 to 8/13/1969, that (I) (we) last saw the deceased alive on 8/12/1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Peter Papastamou, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/13/69
23C. PHYSICIAN'S NAME (Type): PETER PAPASTAMOU DEGREE
23D. ADDRESS: SINAI HOSPITAL - BALTO.

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 8/16/69
24C. NAME of CEMETERY or CREMATORY: Morning Side Cem.
24D. LOCATION (City, town, or county) (State): DeBois Penna.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: George L. Schwab — ADDRESS:

VS 150-REV. 1/1/68

1969 0 0 0 8 1 3 1

54-80-56 CSX

P-400

BIRTH NO. 69 8132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 69 8132

1. NAME OF DECEASED (Type or Print): Poole French Clarke

2. DATE AND HOUR OF DEATH: August 7th 1969 5.25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Harford 6232
C. CITY OR TOWN: Bel Air
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 322 Maitland St. 21014

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-13-05
9. AGE (In years last birthday): 63
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinetmaker
10B. KIND OF BUSINESS OR INDUSTRY: Furniture Shop
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Poole
14. MOTHER'S MAIDEN NAME: Virginia Wright

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH: Records 4940 Eastern Ave. ADDRESS: Balto City Hosp.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiorespiratory Arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Active Tuberculosis of both lungs.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Acute Pneumonia

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Metastasic Ca. of Unknown Origin

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 3th 19 69 to August 7th 19 69 that (I) (we) last saw the deceased alive on August 7th 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Francisco Tejada M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: August 7th 1969
23C. PHYSICIAN'S NAME (Type): Francisco Tejada M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Removal/Burial
24B. DATE: Aug. 12, 1969
24C. NAME of CEMETERY or CREMATORY: Homer's Rock Cemetery
24D. LOCATION (City, town, or county) (State): Wytheville, Virginia

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Jones, M.D.
25C. FUNERAL DIRECTOR: John Burns Sons ADDRESS: Towson, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-236 69 8133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8133

BIRTH NO.

CERTIFICATE AMENDED 4/6/70

1. NAME OF DECEASED (Type or Print): RAY T. MASTER

2. DATE AND HOUR OF DEATH: 8/8/69 10:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: UNIVERSITY OF MARYLAND HOSP.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: BALTO. 5300
C. CITY OR TOWN: COCKEYSVILLE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 32 GIBBONS BLVD

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/15/92
9. AGE (In years last birthday): 76
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LANDSCAPING
10B. KIND OF BUSINESS OR INDUSTRY: Estate Planning
11. BIRTHPLACE (State or foreign country): PA ~~Maryland~~ Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES I. MASTER
14. MOTHER'S MAIDEN NAME: MAUDE MYERS

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): Yes ~~UNKNOWN~~
(If yes, give war or dates of service): ~~None~~ 2/15/18 to
16. SOCIAL SECURITY NO.: 219-30-0183
17. INFORMANT: HOSP. CHART
ADDRESS

MEDICAL CERTIFICATION

I 4/23 5/2/19

CAUSE OF DEATH

1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ARTERIOSCLEROTIC CORONARY ART. DIS.
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8/2/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: A-V DISSOC.
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/2 19 69 to 8/8 19 69 that (I) (we) last saw the deceased alive on 8/8 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Marvin J. Gordon, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/8/69
23C. PHYSICIAN'S NAME (Type): MARVIN J. GORDON M.D. DEGREE
23D. ADDRESS: UNIV. OF MD HOSP REDWOOD + GREENE STS.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 11, 1969
24C. NAME of CEMETERY or CREMATORY: Dulaney Valley Memorial Gdns.
24D. LOCATION (City, town, or county) (State): Cockeysville, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4/6/70 - Army discharge record and Veterans In World War I. L.J. Carter

Delayed Birth Cert. filed Sept.1942 shows decedent's place of birth as Clarion County,Pennsylvania

1

C-320 69 8134

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 69 8134

1. NAME OF DECEASED (Type or Print): William S. Coates

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 25 Year 69 Hour 2:50 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3125 Guilford Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1202

6. SEX: male

7. RACE: white

8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Oct. 1918

10. AGE (In years last birthday): 50
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 3125 Guilford Ave.

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Coates

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

14B. KIND OF BUSINESS OR INDUSTRY: Newspaper

15. MOTHER'S MAIDEN NAME: Spencer

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Mary G. Coates
ADDRESS: 1812 Broadway Ave. Pittsburg PA. 15216

MEDICAL CERTIFICATION

19. E950.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Barbiturate poisoning
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3125 Guilford Ave. 1202

22D. TIME OF INJURY (APPROX.) (Month) 7 (Day) ? (Year) 69 (Hour) ? m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? ingested overdose of barbiturates

23.
I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

Deputy Chief Medical Examiner

DATE SIGNED: 7/26/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Aug. 11, 1969

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969

25B. NAME OF REGISTRAR: Walter E. Vaubel, M.D.

25C. FUNERAL DIRECTOR: Sylvan S. Lewis & Son INC

ADDRESS: 9610 Reisterstown Rd

VS 151-REV. 1/1/68

N 962 0 6 8 0 0 0 0 1 3 3

F-652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8135

REG. NO. 69 8135

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Jeane Francis

2. DATE AND HOUR OF DEATH: August 11, 1969 | 8:20 A.M.

3. PLACE (IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 170.1
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 806 Madison Ave

5. SEX: F
6. RACE: N
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/14/1909
9. AGE (In years last birthday): 59
If Under 1 Yr. Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): VA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Walter Francis
14. MOTHER'S MAIDEN NAME: Friend ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Hospital Records
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Subarachnoid hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/6 19 69 to 8/11 19 69 that (I) (we) last saw the deceased alive on 8/11 19 69 and that (in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael G. Ku DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/11/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/13/69
24C. NAME of CEMETERY or CREMATORY: Family Plot
24D. LOCATION (City, town, or county) (State): Harrisonburg, Va.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: Stanley Knight — Mathews, Va.
ADDRESS:

VS 150-REV. 1/1/68

1

B-600 69 8136

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8136

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MAMIE BARR

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 10 Year 1969 Hour 1:35 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 13 N. Broadway

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 604
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES XX NO ☐
E. STREET AND NUMBER: 13 N. Broadway

6. SEX: Female
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: April 20, 1914
10. AGE (In years last birthday): 55
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): North Wilkesboro, N.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Aaron Minton

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress (Ret)
14B. KIND OF BUSINESS OR INDUSTRY: Ellison Clothes
15. MOTHER'S MAIDEN NAME: Geneve Wyatt

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): None
17. SOCIAL SECURITY NO.: 244/22/4872
18. INFORMANT: Mr. Richard W. Barr ADDRESS: 1418 Houghton Road Glen Burnie, Md.

MEDICAL CERTIFICATION

19. I 412.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Pulmonary emphysema

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8/11/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/13/1969
24C. NAME of CEMETERY or CREMATORY: Glen Haven Mem'l Park
24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 13 1969
25B. NAME OF REGISTRAR: Robert E. Weber, M.D.
25C. FUNERAL DIRECTOR: H. Winston Singleton
ADDRESS: Funeral Home, Glen Burnie, Md.

VS 151-REV. 1/1/68

1969008124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-222 69 8137 REG. NO. 69 8137

1. NAME OF DECEASED (Type or Print): Ambrose Tkacisk

2. DATE AND HOUR OF DEATH: August 9, 1969 8:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Seton Psychiatric Institute, 6400 Wabash Avenue, Baltimore, Maryland 21215

19

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [X]

E. STREET AND NUMBER: 6618 Fairmount Avenue

5. SEX: Male 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 12/7/12 9. AGE (In years last birthday): 56 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant-Nurse

10B. KIND OF BUSINESS OR INDUSTRY: The Seton Psychiatric Institute

11. BIRTHPLACE (State or foreign country): Braddock, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Tkacisk

14. MOTHER'S MAIDEN NAME: Mary Hrui

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 707-01-2428

17. INFORMANT: Records-The Seton Psychiatric Institute ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Recurrent Coronary Occlusion 1 day

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerosis ?

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from 1950 to Aug 9 1969, that (X) (we) last saw the deceased alive on 8/9 1969 and that in (X) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Damian P. Alagia DEGREE Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 8/9/69.

23C. PHYSICIAN'S NAME (Type): Damian P. Alagia DEGREE

23D. ADDRESS: 3326 Frederick Ave., Baltimore, Md. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8/14/69 24C. NAME of CEMETERY or CREMATORY: St. John's Cemetery 24D. LOCATION (City, town, or county) (State): Girard, Erie County, Pa.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: Baltimore 21201 ADDRESS: STEWART & NOWEN CO. 108 W. North Avenue

9 0 0 0 8 1 2 5

VS 130-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V-514 69 8138

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8138

1. NAME OF DECEASED (Type or Print): George Venable (Veneble)

2. DATE AND HOUR OF DEATH: 8/12/69 11:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-08
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 4117 Glenhunt Road

5. SEX: Male
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: 2/27/1897
9. AGE (In years last birthday): 72
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Sanitation Dept.
11. BIRTHPLACE (State or foreign country): Rice, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Abraham Veneble
14. MOTHER'S MAIDEN NAME: Molly Fowlks
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. George Veneble ADDRESS: 4117 Glenhunt Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

348.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ALS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8/9 1969 to 8/12 1969 that (I) (we) last saw the deceased alive on 8/12 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David J Pierson MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/12/69
23C. PHYSICIAN'S NAME (Type): DAVID J. PIERSON DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-16-69
24C. NAME of CEMETERY or CREMATORY: High Rock Ch. Cemetery
24D. LOCATION (City, town, or county) (State): Rice, Virginia

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 150-REV. 1/1/68

0 0 0 0 1 3 6

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-510 69 8139

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8139

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): (Fred) FREDERICK LAMB

2. DATE AND HOUR OF DEATH: August 13, 1969 | 4 10 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): FRANKLIN SQUARE HOSP. BALTO, Md
36

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-03
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1607 W. Mosher St

5. SEX: M
6. RACE: C
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1/13/1915
9. AGE (In years last birthday): 54 years
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LONGSHOREMAN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA, Norfolk
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLIE LAMB
14. MOTHER'S MAIDEN NAME: ALICE ELDRIDGE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: UNIV. OF MARYLAND HOSPITAL RECORDS
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARCINOMA OF ESOPHAGUS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 months
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: FEB 19, 1969
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of esophagus
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3/27/1963 19 to ~~July 23~~ August 4 19 69 that (I) (we) last saw the deceased alive on Aug 4 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. Pronounced D.O.A. by Dr. Ecarama

23A. SIGNATURE: S. Attar MD. DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: Aug 13, 1969
23C. PHYSICIAN'S NAME (Type): SAFUH ATTAR DEGREE
23D. ADDRESS: UNIV. OF Md HOSP. BALTO, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/18/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Foxley M.D.
25C. FUNERAL DIRECTOR: Morton & Dyer H.H.
ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

H. 25 1

BIRTH NO. E-363 69 8140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8140

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): LUCINDA EDWARDS (HAGANS)

2. DATE AND HOUR OF DEATH: 8/13/69 1:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL, BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 14-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 518 Gold Street

5. SEX: F
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: 2/17/00
9. AGE (In years last birthday): 69
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N/A
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stanbury, North Carol
12. CITIZEN OF WHAT COUNTRY? N.A. U.S.A.
13. FATHER'S NAME: Pete Ward
14. MOTHER'S MAIDEN NAME: Patricia Ruffin
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 241-10-4199
17. INFORMANT: Mrs. Mazie Ward ADDRESS: 518 Gold St.

MEDICAL CERTIFICATION

18. 4270 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiac arrest — 5 min
DUE TO, OR AS A CONSEQUENCE OF:
(B) Congestive heart failure — 2 wks.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/29 19 69 to 8/13 19 69 that (I) (we) last saw the deceased alive on 8/13 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B. Greg Brown M.D., Ph.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): B. Greg Brown M.D. DEGREE
23D. ADDRESS: DEPT. OF MEDICINE, THE JOHNS HOPKINS HOSPITAL.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/18/69
24C. NAME of CEMETERY or CREMATORY: Balt. Nat'l Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.
25C. FUNERAL DIRECTOR: Horton & Dyett F.H.
ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. 6-620 69 8141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8141

1. NAME OF DECEASED (Type or Print): WILLIAM H. GROSS

2. DATE AND HOUR OF DEATH: 8/13/69 5 15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 16-04
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1943 W. MOSHER ST.

5. SEX: M
6. RACE: N
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/29/17
9. AGE (In years last birthday): 52
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WOODWORKER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO. Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN GROSS
14. MOTHER'S MAIDEN NAME: ESTELLA JACKSON
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-12-6768
17. INFORMANT: Mrs. Delores Gross ADDRESS: 1943 W Mosher St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 161.8

(A) IMMEDIATE CAUSE [redacted]
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CARCINOMA OF EPIGLOTTIS — 3 WKS.

19A. DATE OF OPERATION: 7/29/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CA OF LARYNX
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/23 19 69 to 8/13 19 69 that (I) (we) last saw the deceased alive on 8/13 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B. Ominsky M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/13/69
23C. PHYSICIAN'S NAME (Type): B. OMINSKY M.D. DEGREE
23D. ADDRESS: UNIVERSITY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/19/69
24C. NAME of CEMETERY or CREMATORY: Balto. Nat'l Cem.
24D. LOCATION (City, town, or county) (State): Baltimore; Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.
25C. FUNERAL DIRECTOR: Martin Dorsey F.H. ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

BIRTH NO. H-220 69 8142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8142

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Raymond Hughes

2. DATE AND HOUR OF DEATH: 8/11/69 | 5:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Maryland General Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 13-03
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2234 Madison Ave.

5. SEX: M
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/10/1914
9. AGE (In years last birthday): 55
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): MD, Balto.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John W. Hughes
14. MOTHER'S MAIDEN NAME: Daisey Hughes
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-01-3765
17. INFORMANT: Mrs. Zelma Grandison
ADDRESS: 851 George St

MEDICAL CERTIFICATION

18. 560.41 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Aspiration of vomitus
DUE TO, OR AS A CONSEQUENCE OF: Small bowel obstruction
(B) DUE TO, OR AS A CONSEQUENCE OF: Peritoneal adhesions
(C) Kyphoscoliosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: /
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: /
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/6 19 69 to 8/11 19 69 that (I) (we) last saw the deceased alive on 8/11 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael Yku DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/11/69.
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/15/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: E. Jaber, M.D.
25C. FUNERAL DIRECTOR: [illegible] F.H.
ADDRESS: 1781 Lanvale St

VS 150-REV. 1/1/68

f-100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8143

BIRTH NO. 69 8143

1. NAME OF DECEASED (Type or Print): Sophie Popp

2. DATE AND HOUR OF DEATH: August 11, 1969 9 15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 4002 Hamilton Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 27-34

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [x] NO [ ]

E. STREET AND NUMBER: 4002 Hamilton Ave

5. SEX: Female

6. RACE: White

7. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: May 1, 1887

9. AGE (In years last birthday): 82

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Balthasar Martin

14. MOTHER'S MAIDEN NAME: Emilie Simon

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr Edward A Popp

ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 433.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute Cerebral Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cerebrovascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Multiple "Little Strokes"

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 3/19/1965 to 8/11/1969, that (I) (~~we~~) last saw the deceased alive on 6/13/1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Albert B Bradley DEGREE

Attending Phys. [x] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 8/13/69

23C. PHYSICIAN'S NAME (Type): Albert B Bradley M.D. DEGREE

23D. ADDRESS: 4900 Belair Rd Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/15/69

24C. NAME of CEMETERY or CREMATORY: Mt Carmel

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Leonard J Ruck Inc, ADDRESS: Baltimore, Maryland

0 0 0 8 1 3 1

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-526 69 8144 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 69 8144

1. NAME OF DECEASED (Type or Print): ~~WILLIE RANCOURT~~ Nellie Rancourt

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 10 Year 1969 Hour 1:10 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 719 N. Montford Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 7-02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 719 N. Montford Avenue

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 10-6-1896
10. AGE (In years last birthday): 72 ~~XX~~ If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Oliver Lewis
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY: HOme
15. MOTHER'S MAIDEN NAME: Daisey Blair
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): ----------
17. SOCIAL SECURITY NO.: 216-05-1831
18. INFORMANT: Betty Greene ADDRESS: 3012 Mardell Ave., 21230

MEDICAL CERTIFICATION

19. 4124 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D. M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8/11/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-13-1969
24C. NAME of CEMETERY or CREMATORY: Belair Memorial
24D. LOCATION (City, town, or county) (State): Belair, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969 Robert E
25B. NAME OF REGISTRAR: Farber M.D.
25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, ADDRESS: 1050 York Rd. 21204

VS 151-REV. 1/1/68

1 9 6 9 0 0 8 1 3 2

T-540 69 8145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 8145

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): THUMEL, ALMA. S

2. DATE AND HOUR OF DEATH: 9th August 1969 9.00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL HOSPITAL

44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND. B. COUNTY: 11-02

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1001 ST. PAUL STREET BALTIMORE 21202.

5. SEX: Female 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 05-29-88 9. AGE (In years last birthday): 81 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ~~NORTH CAROLINA~~ RICHMOND, VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY SMICK

14. MOTHER'S MAIDEN NAME: VERA HICKS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215 03 4688

17. INFORMANT: WM. H. THUMEL ADDRESS: 11 NIGHTINGALE RD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E887X

(a) IMMEDIATE CAUSE: Respiratory failure.

DUE TO, OR AS A CONSEQUENCE OF:

(b) Multiple pul. emboli.

DUE TO, OR AS A CONSEQUENCE OF:

(c) Irregular atrial fibrillation.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

FRACTURE OF RIGHT FEMUR

Embolus of femoral artery.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: P.O.S.

CERTIFICATION APPROVED BY: CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 7/13/69. 8/2/69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Rt femur fracture; Embolus to femoral a.

20A. AUTOPSY? (Yes or No): yes.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? pul. emboli 11-02

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☑ NO ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1001 ST. PAUL STREET. BALTIMORE.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.): July 11th 1969 9 AM

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☑

21F. HOW DID INJURY OCCUR? THE PATIENT FELL DOWN TO THE GROUND.

22. I certify that (I) (this hospital) attended the deceased from 7/11 19 69 to 8/9 19 69 that (I) (we) last saw the deceased alive on 8/9 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tzen-Chi Tan-Chiang DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 8/9/69.

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8/13/69

24C. NAME of CEMETERY or CREMATORY: MT. MARIA

24D. LOCATION (City, town or county) (State): TOWSON, BALTIMORE MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: E. Jaffee M.D.

25C. FUNERAL DIRECTOR: H. W. MEARS & SON ADDRESS: 805 N. CALVERT ST.

VS 150-REV. 1/1/68

8/9/69. Released on approval by medical examiner Tan

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-632 69 8146 REG. NO. 69 8146

1. NAME OF DECEASED (Type or Print): FRITZ, ERNEST L.

2. DATE AND HOUR OF DEATH: 8-12-69 7:55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hosp of Md. 730 Ashburton St Balto Md. 21216

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland 53.00
B. COUNTY: 21220
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 28 Hydroplane Drive

5. SEX: M
6. RACE: Cauc.
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4-17-94
9. AGE (In years last birthday): 75 yrs
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Syrus Fritz
14. MOTHER'S MAIDEN NAME: Mary Hess

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute Pulmonary Oedema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 mins.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Congestive Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:
(C) Cystitis.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): NO.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-11 1969 to 8-12 1969, that (I) (we) last saw the deceased alive on 8-12 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: P. Lal DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8-12-69
23C. PHYSICIAN'S NAME (Type): (PREM LAL) M.D. DEGREE
23D. ADDRESS: Lutheran Hospital of Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-16-69
24C. NAME of CEMETERY or CREMATORY: Memorial Shrine Cemetery
24D. LOCATION (City, town, or county) (State): Luzerne Co. Pennsylvania

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, Inc.
ADDRESS: Towson, Md.

VS 150-REV. 1/1/68

1969 000 8154

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-415

BIRTH NO. 69 8147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8147

1. NAME OF DECEASED (Type or Print): JOSEPH J. SULLIVAN JR.

2. DATE AND HOUR OF DEATH: AUG. 8, 1969 6:15 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 26-41

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4342 BERGER AVE.

5. SEX: M

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 1-28-37

9. AGE (In years last birthday): 32 yrs.

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce Mgr.

10B. KIND OF BUSINESS OR INDUSTRY: A&P Tea Co.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOSEPH J. SULLIVAN SR.

14. MOTHER'S MAIDEN NAME: Evelyn SCHAFFER BELAIR ROAD

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Margaret Sullivan - Same ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: acute myocardial infarction ~~VENTRICULAR FIBRILLATION~~

DUE TO, OR AS A CONSEQUENCE OF:

(B) ~~MYOCARDIAL INFARCTION~~

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: D.H.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-27-69 19 to 8-8-69 19 that (I) (we) last saw the deceased alive on 8-8 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Victorino Yu DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Aug. 8, 1969

23C. PHYSICIAN'S NAME (Type): VICTORINO S. YU DR. VICTORINO S. YU DEGREE

23D. ADDRESS: UNION MEMORIAL HOSP. THE UNION MEMORIAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-12-69

24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: John C. Miller Inc. ADDRESS: 6415 Belair Rd. 21206

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-400

BIRTH NO. 69 8148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8148

1. NAME OF DECEASED (Type or Print): MRS Elsie F. Riley

2. DATE AND HOUR OF DEATH: July 31, 1969 | 5 15 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): House in the Pines, Belvedere

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-04
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2128 Fulton Ave. 21217

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2 9 1881
9. AGE (In years last birthday): 88
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas J. Frazier
14. MOTHER'S MAIDEN NAME: Nellie Yingling

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Sterling Riley 2128 Fulton Ave. ADDRESS 21217

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute M.I. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hr
DUE TO, OR AS A CONSEQUENCE OF: Hypertension Arteriosclerosis C.V.D. — 10 yr

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) Neoplasm Hemmitoxylopsis — 30 yr

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 30 1969 to 7/31 1969, that (I) (we) last saw the deceased alive on July 15 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lester N. Kolman M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/31/69
23C. PHYSICIAN'S NAME (Type): LESTER N. KOLMAN, M.D. DEGREE
23D. ADDRESS: 6821 Reisterstown Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): CREMATION
24B. DATE: 8-2-69
24C. NAME of CEMETERY or CREMATORY: LOUDON PARK
24D. LOCATION (City, town, or county) (State): BALTIMORE Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Wm. F. Tickner & Sons ADDRESS

VS 150-REV. 1/1/68

69 000 8136

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-352

BIRTH NO. 69 8149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8149

1. NAME OF DECEASED (Type or Print): KEATING THOMAS P.

2. DATE AND HOUR OF DEATH: AUGUST 11 1969 4:35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MARYLAND GENERAL HOSPITAL 827 LINDEN AVE BALTIMORE MD 21201

48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 11-02

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 524 N CHARLES ST

5. SEX: MALE

6. RACE: CAUCASIAN

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 02-28-93

9. AGE (In years last birthday): 76

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: Balto. City Police

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: THOMAS KEATING

14. MOTHER'S MAIDEN NAME: CHRISTINA BARLINE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-30-2231

17. INFORMANT: JAMES T KEATING

ADDRESS: TIMONIUM MD. 21093 200 WOODWICH CT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: VENTRICULAR FIBRILLATION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

DUE TO, OR AS A CONSEQUENCE OF: ARTERIOSCLEROTIC HEART DISEASE C

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: PNEUMONIA — 1 week.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from AUG 4 1969 to AUG 11 1969 that (I) (we) last saw the deceased alive on AUG 11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Anthony G. Lewandowski MD DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: Aug 11 1969

23C. PHYSICIAN'S NAME (Type): ANTHONY A LEWANDOWSKI M.D DEGREE

23D. ADDRESS: 11 E CHASE ST. BALTIMORE MD 21202

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/14/69

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Frederick Ave. Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Jabez E. Yabes, M.D.

25C. FUNERAL DIRECTOR: KRAUSE FUNERAL HOME

ADDRESS: 1216 S. Charles St.

1 9 6 9 0 0 8 1 4 7

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

Balto. City Police

Burial 8\14\69 London Park Cemetery Frederick Ave.Balto.Md
KRAUSE FUNERAL HOME2165.Charlesst.

BIRTH NO. S-163 69 8150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8150

1. NAME OF DECEASED (Type or Print): SPeert, Louis

2. DATE AND HOUR OF DEATH: 8-12-1969 2:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Levindale home & Infirmary Balto, MD 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 27-17
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: LEVINDALE AGED HOME

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH:
9. AGE (In years last birthday): 85 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: NEVER WORKED
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WOLF SPEERT
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-01-9090A
17. INFORMANT: MR. MOSE SPEERT, ADDRESS: 7121 PK. HGHTS. AVE., APT. 404

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pulmonary edema
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pulmonary infarction
DUE TO, OR AS A CONSEQUENCE OF:
(C) Pneumonitis

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3-27-1969 to 8-12-1969, that (I) (we) last saw the deceased alive on 8-12-1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Young Hea Lew MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): YOUNG HEA LEW MD DEGREE
23D. ADDRESS: Levindale home & infirmary

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-13-69
24C. NAME of CEMETERY or CREMATORY: BNAI ISRAEL,
24D. LOCATION (City, town, or county) (State): BALTIMORE, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

7 8 9 0 0 0 8 1 3 0

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-400

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 69 8151

CERTIFICATE OF DEATH

Registered No. 69 8151

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): GRACE TULL

2. DATE AND HOUR OF DEATH: Aug. 11, 1969 5^40 P M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mount Sinai Nursing Home, Inc. 4613 Park Heights Ave.

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-14
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 203 Hawthorne Road

5. SEX: female
6. RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Never Married
8. DATE OF BIRTH: 8/10/1878
9. AGE (In years last birthday): 91
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse
10B. KIND OF BUSINESS OR INDUSTRY: Retired (Hospital)
11. BIRTHPLACE (State or foreign country): Somerset Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Oscar Tull
14. MOTHER'S MAIDEN NAME: Sallie Elizabeth Robertson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215 32 8166
17. INFORMANT: Mrs. N. D. Sollers
ADDRESS: Water St. Chestertown, Md. 21620

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

404 X

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: week

DUE TO

(B) Arteriosclerotic Cardio Vascular Renal Disease — year

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: None

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 25 1969 to Aug 11 1969, that (I) (we) last saw the deceased alive on Aug 11 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Manuel Levin M.D. Attending Phys. XX Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/12/69
23C. PHYSICIAN'S NAME (Type): MANUEL LEVIN M.D.
23D. ADDRESS: 6101 PARK HEIGHTS AVE, BALTO-15 MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/15/69
24C. NAME of CEMETERY or CREMATORY: Rehoboth Cem. (Presby.)
24D. LOCATION (City, town, or county) (State): Somerset Co. Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: J. Willis Wells
ADDRESS: Chestertown, Md.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-514 69 8152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8152

1. NAME OF DECEASED (Type or Print): MARIE WAMPLER

2. DATE AND HOUR OF DEATH: 8-12-69 3 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: SINAI HOSPITAL OF BALTIMORE, INC.

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE, INC. 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: Carroll Co 56-00
C. CITY OR TOWN: SYKESVILLE D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: SYKESVILLE, MD. BOX 381B

5. SEX: FEM. 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-28-1927 9. AGE (In years last birthday): 42 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTIMORE. MARYLAND. U.S.A
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN P. SCHULTZ
14. MOTHER'S MAIDEN NAME: ANNA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: HUSBAND ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: BRONCHOGENIC CARCINOMA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 MONTHS.
DUE TO, OR AS A CONSEQUENCE OF:

(B) BONE METASTASIS (SPINE, SKULL).
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JUNE 26 1969 to 8-12 1969 that (I) (we) last saw the deceased alive on 8-12 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: ESCARCEGA, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8-12/69
23C. PHYSICIAN'S NAME (Type): ROGELIO ESCARCEGA, M.D. DEGREE
23D. ADDRESS: SINAI HOSPITAL OF BALTIMORE

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-15-69
24C. NAME of CEMETERY or CREMATORY: LAKE VIEW Cemetery
24D. LOCATION (City, town, or county) (State): Sykesville Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Harry G. Haight ADDRESS: Sykesville, Md.

VS 150-REV. 1/1/68

1

M-243 69 8153 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 69 8153

1. NAME OF DECEASED (Type or Print): ERNIE McCLOUD (ELROY MC CLOUD)

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 12 Year 1969 Hour 5:25 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 853 Vine Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 18-01
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER 853 Vine Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 11-3-44
10. AGE (In years last birthday): 24 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John McCloud
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Hanger
14B. KIND OF BUSINESS OR INDUSTRY: Self-employed
15. MOTHER'S MAIDEN NAME: Isabelle Wells
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Isabelle McCloud ADDRESS: 710 Edgewood St.

MEDICAL CERTIFICATION

19. 3079

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Intravenous narcotism

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED 8/13/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-16-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Charles A. Rice ADDRESS: 661 W. Barre St.

VS 151-REV. 7/1/68

1 6 9 0 0 0 8 1 4 1

O-160 69 8154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 314 69 8154

BIRTH NO.

1. NAME OF DECEASED (Type or Print): OFFER, HERBERT.

2. DATE AND HOUR OF DEATH: 8/13/69 11 25 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HARBOR VIEW C. C.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 20-01

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1920 W. BALTIMORE, Md.

5. SEX: M. 6. RACE: NEGRO 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9/9/06 9. AGE (In years last birthday): 62 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAB.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard OFFER

14. MOTHER'S MAIDEN NAME: Mary Stewart.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. MARY OFFER ADDRESS: SAME, AS ABOVE

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cancer of Bowel

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-25 1969 to 8-13 1969, that (I) (we) last saw the deceased alive on 8-13 1969 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. Gongon M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 8-13-69

23C. PHYSICIAN'S NAME (Type): A. GONGON, M.D. DEGREE

23D. ADDRESS: Harbor View Nursing Center

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/16/69

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Robert E. Jacey, M.D.

25C. FUNERAL DIRECTOR: Williams Funeral Home ADDRESS: 3199 W. Lafayette

VS 150-REV. 1/1/68

1 9 6 9 0 0 8 1 7 2

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-635 69 8155

REG. NO. 69 8155

1. NAME OF DECEASED (Type or Print): George H. Gordon

2. DATE AND HOUR OF DEATH: Aug 8, 1969 10:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 Providence Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 17-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 538 W. Lanvale St.

5. SEX: Male
6. RACE: Colored
7. MARITAL STATUS: MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug 18, 1903
9. AGE (In years last birthday): 66
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Jumper Co.
10B. KIND OF BUSINESS OR INDUSTRY: Commercial Heating
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clarence Gordon
14. MOTHER'S MAIDEN NAME: Carrie Bayer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-01-1352
17. INFORMANT: Mrs Grace Gordon ADDRESS: 538 W. Lanvale St

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 410.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Coronary — Approximate interval between onset and death: Sudden

DUE TO, OR AS A CONSEQUENCE OF: Cardiac Insufficiency — 7 yrs

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1962 19 to 8/4/69 19, that (I) (we) last saw the deceased alive on 8/4/69 19 and that in (my) (our) opinion death occurred on the date and hour ~~and from~~ the causes stated above. (I) (We) ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: James S. Julian Jr. M.D. DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/11/69
23C. PHYSICIAN'S NAME (Type): JAMES S JULIAN [redacted] DEGREE
23D. ADDRESS: 511 N Schroeder St. Balto, MD 21223

24A. BURIAL CREMATION, REMOVAL (Specify): Buried
24B. DATE: Aug 12, 1969
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Westport (Baltimore) Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Joseph L. Kulas
ADDRESS: 2222 W. Baltimore

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

M-263 69 8156

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 69 8156

CERTIFICATE AMENDED 9-26-69

1. NAME OF DECEASED (Type or Print) CLYDE MC ARTHUR	2. DATE OF DEATH Known [X] Estimated [ ] Month August Day 6 Year 1969 Hour 11:30 P.M.
4. PLACE IN BALTIMORE MARYLAND WHERE PRONOUNCED DEAD (FULL NAME OF HOSPITAL OR INSTITUTION OR IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION 38 University Hospital	3. DATE PRONOUNCED DEAD Month August Day 6 Year 1969 Hour 11:30 P.M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 17-01
6. SEX Male	7. RACE Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	C. CITY OR TOWN Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]	
9. DATE OF BIRTH	10. AGE (In years last birthday) 69
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER 564 Orchard Street
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.
18. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

19. E960X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Cerebro-cranial injuries

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) Yes	
22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) vacant lot
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Found at 600 blk. Pierce St. (vacant lot) 17-01	
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 7-2-69 12:30 A.M.	22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Subject was beaten	

23.

I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] ~~Undetermined manner [X]~~

ACTUAL SIGNATURE Charles S. Springate, M.D.

EXAMINER'S NAME (Type) Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]

ASSISTANT MEDICAL EXAMINER [X]

ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED August 7, 1969

24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/11/69	24C. NAME of CEMETERY or CREMATORY Mt Auburn Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Md
25A. DATE REC'D BY HEALTH DEPT. AUG 14 1969	25B. NAME OF REGISTRAR E. Faber, M.D.	25C. FUNERAL DIRECTOR	ADDRESS 1712 W. North Ave

VS 151-REV. 1/1/68

NF 3690 0 0 8 1 4 4

Letter from M. C. in office
9-26-69 M.H.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-536 69 8157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8157

1. NAME OF DECEASED (Type or Print): Anderson, Robert

2. DATE AND HOUR OF DEATH: 8-9-69 8:05 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 39

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1514 Divison Street, Baltimore, Maryland 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 15-01

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [x] NO [ ]

E. STREET AND NUMBER: 603 Collett St.

5. SEX: Male

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 4-27-16

9. AGE (In years last birthday): 52

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chick Burley Formstone

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Rosemary Wilson-Friend ADDRESS: 605 Collett St.

MEDICAL CERTIFICATION

18. 481 8 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pulminating Lobar Pneumonia

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-9-69 19 to 8-9-69 19 that (I) (we) last saw the deceased alive on 8-9-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Corpuz, DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [x]

23B. DATE SIGNED: 8-9-69

23C. PHYSICIAN'S NAME (Type): Corpuz, Raymundo R. MD. DEGREE

23D. ADDRESS: 1514 Divison Street

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/18/69

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary

24D. LOCATION (City, town, or county) (State): A.A. County Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Lin G. Carroll

ADDRESS: 1912 W. Work Ave

VS 150-REV. 1/1/68

1969 0 0 8 1 5

A5361

69 8158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 8158

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Jennie Belle Anderson

2. DATE AND HOUR OF DEATH: 8-12-69 6:55 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 16-08
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 706 Edgewood St.

5. SEX: Female 6. RACE: Colored 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: Sept. 8, 1907 9. AGE (In years last birthday): 61 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Greenville S. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Gray
14. MOTHER'S MAIDEN NAME: Lula Jones

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ann Anderson ADDRESS: 934 Harlem Ave.

MEDICAL CERTIFICATION

18. 162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Liver failure, Lung failure c̄ severe debilitated condition due to —

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6-7 months

(A) IMMEDIATE CAUSE: Termination
DUE TO, OR AS A CONSEQUENCE OF: Cancer of the lungs — terminal stage
(B) DUE TO, OR AS A CONSEQUENCE OF: Metastatic cancer spreads to liver, lungs.
(C) markedly debilitated condition due to loss of appetite

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-11-69 19 to 8-12-69 19 that (I) (we) last saw the deceased alive on 8-12-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sutin Srisumrid M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8-12-69.
23C. PHYSICIAN'S NAME (Type): SUTIN SRISUMRID M.D. DEGREE
23D. ADDRESS: MERCY HOSP 301 ST. PAUL PLACE, BALTIMORE MD 21202.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 16, 1969
24C. NAME of CEMETERY or CREMATORY: MT. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Ethney O. Wilson ADDRESS: 1000 Brantley Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W4561

69 8159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8159

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Wilmore, Jennie

2. DATE AND HOUR OF DEATH: 8-9-69 9:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Provident Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1514 Divison Street, Baltiore, Maryland 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 20-01

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 309 Pulaski St.

5. SEX: Female

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6-4-23

9. AGE (In years last birthday): 46

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: James Wilmore

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchogenic Carcinoma of left lung spreaded to the liver and adrenal glands

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-9-69 19 to 8-9-69 19 that (I) (we) last saw the deceased alive on 8-9-69- 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R Corpuz DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8-9-69

23C. PHYSICIAN'S NAME (Type): Raymundo R. Corpuz DEGREE

23D. ADDRESS: 1514 Divison Street

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-13-69

24C. NAME of CEMETERY or CREMATORY: MT. Calvary Cem.

24D. LOCATION (City, town, or county) (State): Brooklyn Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Elroy D. Wilson

ADDRESS: 1000 Brantley Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BIRTH NO. 69 8160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8160

1. NAME OF DECEASED (Type or Print): Tatt, Henrietta (Hamlet

2. DATE AND HOUR OF DEATH: 8/12/69 4:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 9-06
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2751 Tivoly

5. SEX: F
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑
8. DATE OF BIRTH: 3/27/27
9. AGE (In years last birthday): 42
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Lynchburg, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Hamlet
14. MOTHER'S MAIDEN NAME: Elizabeth —

69 8161

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 226-30-6202
17. INFORMANT: Chauncey Hamlet
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hepatic failure
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/25 19 69 to 8/12 19 69 that (I) (we) last saw the deceased alive on 8/12 19 69 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James L. Bolen M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/12/69
23C. PHYSICIAN'S NAME (Type): James L. Bolen, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 14, 1969
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Ehrvin O. Wilson
ADDRESS: 1006 Brantley Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C 240

69 8161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8161

BIRTH NO. ~~CHESLEY, NETTIE~~

1. NAME OF DECEASED (Type or Print): CHESLEY, NETTIE (Wiggins)

2. DATE AND HOUR OF DEATH: 8-11-69 1:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 45 GOOD SAMARITAN HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 17-03
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 739 DOLPHIN ST.

5. SEX: F
6. RACE: C
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 03-01-84
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ARNSTEAD WIGGINS
14. MOTHER'S MAIDEN NAME: ~~Ella~~ Williams

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215073268
17. INFORMANT: Lila Conkey
ADDRESS: Same

MEDICAL CERTIFICATION

18. 486X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3d.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Coma — 2 wks
DUE TO, OR AS A CONSEQUENCE OF:
(C) Uremia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): ASCVD

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/5 1969 to 8/11 1969, that (I) (we) last saw the deceased alive on 8/11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Carole Dorsch, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/11/69
23C. PHYSICIAN'S NAME (Type): Carole Dorsch M.D. DEGREE
23D. ADDRESS: Good Samaritan Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 16, 1969
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county): Baltimore (State): Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Foltz, M.D.
25C. FUNERAL DIRECTOR: Elroy O. Wright L. Buck
ADDRESS: 1600 Brantley Ave.

VS 150-REV. 1/1/68

0 0 0 8 1 1 9

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

G-420 69 8162

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8162

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALONZO GILES

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day August 8, 1969 Year Hour 11:30 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 236 N. Pearl Street

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Baltimore B. COUNTY: 4-02
C. CITY OR TOWN: Maryland
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 236 N. Pearl Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH
10. AGE (In years last birthday): 98
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Howard Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Giles
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Molly Holland
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Helen Washington ADDRESS: 1219 N. Stricker St.

MEDICAL CERTIFICATION

19. 412.4

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease
IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8/8/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-16-69
24C. NAME of CEMETERY or CREMATORY: Mt. ~~Akur~~ Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles R. Law ADDRESS: 802 Madison Ave.

VS 151-REV. 1/1/68

1 7 6 9 0 0 0 8 1 5 0

M-200 69 8163

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8163

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): John P. Maag

2. DATE AND HOUR OF DEATH: 8/12/69 | 6:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 27-78

C. CITY OR TOWN: Baltimore, 21212

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1036 Marlau Drive

5. SEX: M

6. RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6/7/1909

9. AGE (In years last birthday): 60

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Supt.

10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Anthony Maag

14. MOTHER'S MAIDEN NAME: Elizabeth Goebel

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-09-4846

17. INFORMANT: Mrs. Arrelee B. Maag ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): Cerebral edema

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF: Intracerebral hemorrhage or infarct

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Pulmonary emphysema

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/11 19 69 to 8/12 19 69 that (I) (we) last saw the deceased alive on 8/12 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Louis E. Grenzer DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8/12/69

23C. PHYSICIAN'S NAME (Type): Dr. Louis E. Grenzer DEGREE

23D. ADDRESS: Md. General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/16/69

24C. NAME of CEMETERY or CREMATORY: Parkwood

24D. LOCATION (City, town, or county) (State): Parkville, Balto.Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.

25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto. Md. 21212

VS 150-REV. 1/1/68

1 9 6 9 0 0 0 8 1 5 1

H-160

BIRTH NO. 69 8164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8164

1. NAME OF DECEASED (Type or Print): JAKE A. HOFER

2. DATE AND HOUR OF DEATH: 8/11/69 9 30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 33 JHH

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 6-03

C. CITY OR TOWN: BALTO D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2111 E. Fairmount Ave

5. SEX: M 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑

8. DATE OF BIRTH: 10/27/15 9. AGE (In years last birthday): 53 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: JACOB HOFER

14. MOTHER'S MAIDEN NAME: MOLLY JARVIS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNKNOWN (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: JACK HOFER ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

038.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardiac arrest	5 min
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	cerebral hypoxia	4 hours
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	pneumococcal sepsis	? several days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Chronic alcoholism, malnutrition

19A. DATE OF OPERATION: 0 — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): NO PENDING 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/8 19 69 to 8/11 19 69 that (I) (we) last saw the deceased alive on 8/11 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: George J Berakha MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 8/11/69

23C. PHYSICIAN'S NAME (Type): GEORGE J. BERAKHA MD DEGREE

23D. ADDRESS: JHH

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8/15/69

24C. NAME of CEMETERY or CREMATORY: MT CARMEL CEMETERY

24D. LOCATION (City, town, or county) (State): ODONNELL ST BALTO MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: DOPPELBRAS INC ADDRESS: 1800 E LOMBARD ST

VS 150-REV. 1/1/68

RELEASED AS NON-MED BY M.E. OFFICE 8/12/69

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-400 69 8165

BIRTH NO. 69-15557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8165

1. NAME OF DECEASED (Type or Print): SALLEY, BABY [redacted] GIRL

2. DATE AND HOUR OF DEATH: Aug 13, 1969 | 11 02 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

33

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 7-02

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2602 E. Eager Street

5. SEX: Female

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [XX] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 8/11/69

9. AGE (In years last birthday): If Under 1 Yr. Months: Days: 1½ | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Vivian Salley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: thanatophoric dwarfism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 36½ hrs

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10:32 PM Aug 11 19 69 to 11:02 AM Aug 13 19 69 that (I) (we) last saw the deceased alive on Aug 13 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kenneth D. Roberts, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Aug 13, 1969

23C. PHYSICIAN'S NAME (Type): KENNETH D. ROBERTS, M.D. DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

24B. DATE: 8/13/69

24C. NAME of CEMETERY or CREMATORY: JOHNS HOPKINS HOSPITAL

24D. LOCATION (City, town, or county) (State): 601 N. Broadway, Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-525 69 8166

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8166

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Thomson

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 8 Day: 12 Year: 69 Hour: 1:40 a.m.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 12 Year: 69 Hour: 1:40 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): City Hospitals

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto. Co. 53-00

6. SEX: male

7. RACE: white

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: Sept. 22, 1893

10. AGE (In years last birthday): 75

If Under 1 Yr. or Under 24 Hrs. — Months: Days: Hours: Min.:

E. STREET AND NUMBER: 125 Willow Spring Rd.

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not known

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roller Retired

14B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.

15. MOTHER'S MAIDEN NAME: Not known

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 213-07-6085

18. INFORMANT: Mrs. Lena I. Thomson ADDRESS: 125 Willow Spring Rd. Dundalk, Md. 2.222

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 8/12/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Aug. 16/69

24C. NAME of CEMETERY or CREMATORY: Moreland Memorial

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: John J. Duda ADDRESS: 7922 Wise Avenue Dundalk, Md. 21222

VS 151-REV. 1/1/68

1 5 9 0 0 0 8 1 5 4

54-87-56 SAB

D-242 69 8167

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8167

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Douglas, Katherine

2. DATE AND HOUR OF DEATH: 8-12-69 11:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Indiana B. COUNTY: V-12

C. CITY OR TOWN: Anderson D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1630½ Nichol Avenue 46011

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 3-7-95 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Illinois 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Murphy 14. MOTHER'S MAIDEN NAME: Margaret Morgan

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 312-26-0829-A

17. INFORMANT: Records: BCH-4940 Eastern Avenue ADDRESS: Francisco Fejoda, MD. Balto. City Hosp

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiorrespiratory Arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary Edema

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 12th 1969 to August 12th 1969, that (I) (we) last saw the deceased alive on August 12th 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Francisco Fejoda, M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: August 12th 69

23C. PHYSICIAN'S NAME (Type): Francisco Fejoda MD DEGREE

23D. ADDRESS: 4940 Eastern Avenue, Baltimore Md. 21224 Baltimore City Hospitals

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8/15/69 24C. NAME of CEMETERY or CREMATORY: Clear Creek 24D. LOCATION (City, town, or county) (State): Bloomington, Indiana

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969 Robert E. Jaffey, M.D. 25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR: John J. Duda ADDRESS: 7922 Wise Ave Baltimore, Md. 21222

0 0 0 8 1 5 6

VS 150-REV. 1/1/68

52-00-66 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-623 69 8168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8168

1. NAME OF DECEASED (Type or Print): Salvatore J. Brocato

2. DATE AND HOUR OF DEATH: 8-12-69 | 2:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Ave., Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore C 53-00
C. CITY OR TOWN: Edgemere
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 2903 Cedarcrest Ave. 21219 005

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-15-00
9. AGE (In years last birthday): 68 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY: Gunther Brewing Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Nicolo Brocato
14. MOTHER'S MAIDEN NAME: Josephine Catinalina
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-09-5813A
17. INFORMANT: BCH Records: 4940 Eastern Ave. 21224 — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: GENERALIZED WASTING — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 MOS.

DUE TO, OR AS A CONSEQUENCE OF:

(B) POST-OPERATIVE COMPLICATIONS

DUE TO, OR AS A CONSEQUENCE OF:

(C) CANCER OF THE URINARY BLADDER

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: FEB 1969
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CANCER OF THE BLADDER
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 21 19 69 to 12 AUG 19 69, that (I) (we) last saw the deceased alive on 12 AUG 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: F. B. Hendricks, DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12 AUG 69
23C. PHYSICIAN'S NAME (Type): F. B. HENDRICKS, M.D., DEGREE
23D. ADDRESS: BALTO. CITY HOSPITAL 4940 Eastern Ave. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/16/69
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: John J. Duda — ADDRESS: 7922 Wise Ave. Baltimore, Md. 21222

VS 150-REV. 1/1/68

0 0 0 8 1 5 6

K-525 69 8169

BIRTH NO. 69-14887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8169

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): KNICKMAN, BABY BOY

2. DATE AND HOUR OF DEATH: 8/11/69, 8:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL, BALTIMORE, MD 21201

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 25-44
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 406 CAMBRIA ST.

5. SEX: M
6. RACE: CAUC
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8/10/69
9. AGE (In years last birthday): —
If Under 1 Yr. Months: Days: 1 Hours: 3 Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROBERT KNICKMAN
14. MOTHER'S MAIDEN NAME: SHARON RIDGE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: MOTHER
ADDRESS:

MEDICAL CERTIFICATION

18. 776.2 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: IDIOPATHIC RESPIRATORY DISTRESS SYNDROME — 24 HRS
DUE TO, OR AS A CONSEQUENCE OF:
HYPOXIA — 24 HRS
(B) DUE TO, OR AS A CONSEQUENCE OF:
PREMATURITY — 28 HRS
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/10 1969 to 8/11 1969 that (I) (we) last saw the deceased alive on 8/11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert L. Gingell DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/11/69
23C. PHYSICIAN'S NAME (Type): ROBERT L. GINGELL DEGREE
23D. ADDRESS: UNIVERSITY OF MARYLAND HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/13/69
24C. NAME of CEMETERY or CREMATORY: GLEN HAVEN MEM. PK.
24D. LOCATION (City, town, or county) (State): GLEN BURNIE, MD

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Jaiber, M.D.
25C. FUNERAL DIRECTOR: JOHN T. DENNY, INC.
ADDRESS: 715 LIGHT ST

VS 150-REV. 1/1/68

S-410 69 8170

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8170

1. NAME OF DECEASED (Type or Print): SLIVEY EVA

2. DATE AND HOUR OF DEATH: 8/8/69 10:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: ANNE ARUNDEL

C. CITY OR TOWN: PASADENA D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: MOUNTAIN RD - BOX 428

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 01 16 79 9. AGE (In years last birthday): 90 YRS If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DENNIS GRIFFITH 14. MOTHER'S MAIDEN NAME: ELVIA ( )

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: ST AGNES HOSPITAL -WILKENS & CATON AVE ADDRESS: BALTO., MD. 21229

MEDICAL CERTIFICATION

18. 3530 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pulmonary Embolism & Myocardial Infarction — 1H + 1M?

DUE TO, OR AS A CONSEQUENCE OF:

(B) Post fracture - Incarcerated Femoral hernia (4)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/6 1969 to 8/8 1969 that (I) (we) last saw the deceased alive on 8/8/ 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jesada Muangsambut, DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8/8/69

23C. PHYSICIAN'S NAME (Type): JESADA MUANGSAMBUT DEGREE

23D. ADDRESS: ST AGNES HOSPITAL., BALTO., MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8-12-69 24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Park 24D. LOCATION (City, town, or county) (State): Glen Burnie, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969 Robert E. Faber 25B. NAME OF REGISTRAR: Faber, M.D. 25C. FUNERAL DIRECTOR: George J. Conce ADDRESS: 4001 Ritchie Hgy. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-000 69 8171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8171

1. NAME OF DECEASED (Type or Print): HOWE, BONNIE E.

2. DATE AND HOUR OF DEATH: 11:15 pm 8-12-69

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Georgia
B. COUNTY: Savannah (Richmond) V-09
C. CITY OR TOWN: Savannah 31405
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 508 Johnston St

5. SEX: Female
6. RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-22-57
9. AGE (In years last birthday): 12 — If Under 1 Yr. Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Wesley Howe
14. MOTHER'S MAIDEN NAME: Martha Joe Brewer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mother Martha Howe — ADDRESS:

MEDICAL CERTIFICATION

18. 746.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest - Multiple — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 Hours
DUE TO, OR AS A CONSEQUENCE OF:
(B) Surgery for Tricuspid Insuff and — 24 hours
DUE TO, OR AS A CONSEQUENCE OF:
(C) Tetralogy of Fallot

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8-11-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Tetralogy of fallot - Tricuspid Insuff
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-11 19 69 to 8-12 19 69 that (I) (we) last saw the deceased alive on 11:15 pm 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John M. Kellum, Jr. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-12-69
23C. PHYSICIAN'S NAME (Type): JOHN KELLUM, M.D. DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-16-69
24C. NAME of CEMETERY or CREMATORY: Hill Crest Cemetery
24D. LOCATION (City, town, or county) (State): Savannah, Georgia

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. F-350 69 8172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8172

1. NAME OF DECEASED (Type or Print): FADUM, CLEMENTINE AMELIA

2. DATE AND HOUR OF DEATH: AUGUST 13, 1969 | 5:45A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 31
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL, CATON & WILKENS AVES., BALTIMORE, MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto Co 21227 53.00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1301 POPLAR AVE. 21227

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 09 09 88
9. AGE (In years last birthday): 80
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEMKES, (Unknown)
14. MOTHER'S MAIDEN NAME: ( )SUSANNA LOEFLER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-09-4234D
17. INFORMANT: AVES-BALTO., MD. 21229
ADDRESS: ST. AGNES HOSP. RECORDS-CATON & WILKENS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: (1) CVA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B) (2) ASCVD
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 28 19 69 to AUGUST 13 19 69 that (I) (we) last saw the deceased alive on AUGUST 13 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kathryn S. Evers MD — DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/13/69
23C. PHYSICIAN'S NAME (Type): KATHRYN S. EVERS M.D. — DEGREE
23D. ADDRESS: CATON & WILKENS AVES.-BALTO-MD-21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-16-69
24C. NAME of CEMETERY or CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

BIRTH NO. K-363 69 8173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8173

1. NAME OF DECEASED (Type or Print): WILLIAM M. KITTREDGE Jr.

2. DATE AND HOUR OF DEATH: 8-12-69 ~~A.M.~~ 2:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD.
B. COUNTY: HOWARD 63-00
C. CITY OR TOWN: ELLICOTT CITY
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 9901 CARRIGAN DRIVE

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-25-06
9. AGE (In years last birthday): 62
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Westinghouse
10B. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Bayfield, Wis.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William M. Kittredge Sr.
14. MOTHER'S MAIDEN NAME: Edith G. Strong
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 015 03 6000
17. INFORMANT: Louise Kittredge
ADDRESS: 9901 Carrigan Dr., Ellicott City, Md. 21043

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5-10 minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) Coronary insufficiency with angina pectoris — 2 months

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1955 19 to August 12 1969 that (I) (~~we~~) last saw the deceased alive on August 11 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John A. Nesbitt Jr. M.D. DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-12-69
23C. PHYSICIAN'S NAME (Type): JOHN A. NESBITT, JR M.D. DEGREE
23D. ADDRESS: 1009 Frederick Rd Baltimore Md 21228

24A. BURIAL CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/14/69
24C. NAME of CEMETERY or CREMATORY: Crown Hill Mem. Park
24D. LOCATION (City, town, or county) (State): Clinton, New York

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Higinbotham Slack
ADDRESS: 3871 Columbia Rd, Ellicott City, Md. 21043

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-453 69 8174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8174

1. NAME OF DECEASED (Type or Print): Elizabeth Glindemann

2. DATE AND HOUR OF DEATH: Aug. 4 69 10:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 004263 Sheldon Ave (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 26-42
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 4263 Sheldon Ave

5. SEX: F
6. RACE: W.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug 3 05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo Stroh
14. MOTHER'S MAIDEN NAME: Margaretha Riegel

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Rolf Glindemann
ADDRESS: Same

MEDICAL CERTIFICATION

18. 43719

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebral-vascular Accident — 1 day
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cerebral Arteriosclerosis — 6 years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from July 19 68 to August 19 69, that (I) ~~(we)~~ last saw the deceased alive on July 22 19 69 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Loy M. Zimmerman MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/4/69
23C. PHYSICIAN'S NAME (Type): Loy M. Zimmerman M.D. DEGREE
23D. ADDRESS: 3202 Harford Rd. Baltimore, Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE:
24C. NAME of CEMETERY or CREMATORY: Immanuel
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Foster, M.D.
25C. FUNERAL DIRECTOR: Paul H. Heemann
ADDRESS: 6067 Hayne

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased priar to death. Such written approval must be obtained before the remains are embalmed or final dispasition is made.

R-300 69 8175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8175

BIRTH NO.

1. NAME OF DECEASED (Type or Print): OTTO E RODE

2. DATE AND HOUR OF DEATH: 8/10/69 1:40 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 9-02
C. CITY OR TOWN: CITY
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1528 FERNLEY ROAD.

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 4/9/90
9. AGE (In years last birthday): 79
If Under 1 Yr. Months / Days / Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SUPERVISOR
10B. KIND OF BUSINESS OR INDUSTRY: FERTILIZER FACTORY
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JULIUS RODE
14. MOTHER'S MAIDEN NAME: MATHILDA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-05-8350A
17. INFORMANT: WILLIAM D. RODE ADDRESS: 1528 FERNLEY ROAD.

CAUSE OF DEATH

MEDICAL CERTIFICATION

1B. 782.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Probable respiratory + Cardiac failure
DUE TO, OR AS A CONSEQUENCE OF:

(B) ~~Metastatic Ca Prostate~~ — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ? 8y.
DUE TO, OR AS A CONSEQUENCE OF:

(C) — 02 05

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/8 1969 to 8/10 1969, that (I) (we) last saw the deceased alive on 8/9 1969 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(we)~~ (did) ~~(were)~~ view the body after death.

23A. SIGNATURE: Anne L. Leddy DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/10/69
23C. PHYSICIAN'S NAME (Type): ANNE L. LEDDY, M.D. DEGREE
23D. ADDRESS: THE UNION MEMORIAL HOSPITAL Union Memorial Hospital.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/13/69
24C. NAME of CEMETERY or CREMATORY: Immanuel Cem
24D. LOCATION (City, town, or county) (State): Baltimore

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: G H Hessmann
ADDRESS: (606) Hayden

VS 150-REV. 1/1/68

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

Eyes released by Dr. Dimaio, path may be done - call Med Examiner if found. A. Leddy MD

1

A-450 69 8176

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8176

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mamie Allen

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 8 Day: 11 Year: 69 Hour: 9:14 p M.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 11 Year: 69 Hour: 9:14 p.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
36 Franklin Square Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 18-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 125 S. ~~Carrollton St~~ Carrollton Avenue

6. SEX: female

7. RACE: white

8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: Oct.7,1889

10. AGE (In years last birthday): 79
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lutman

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Duties

14B. KIND OF BUSINESS OR INDUSTRY: Home

15. MOTHER'S MAIDEN NAME: Sally Crothers

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.: 232-01-8915

18. INFORMANT: Delia Gregory
ADDRESS: 110 S. Carrollton Ave. Baltimore, Md. 21223

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.4

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Werner U. Spitz, M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
Deputy Chief Medical Examiner
DATE SIGNED: 8/12/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: August 14,69

24C. NAME of CEMETERY or CREMATORY: Old Norborne Cemetery

24D. LOCATION (City, town, or county) (State): Martinsburg, West Virginia

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Howard K. Brown
ADDRESS: Brown Funeral Home, Inc. Martinsburg, WVA.

VS 151-REV. 1/1/68

1969000 0169

M-635 69 8177

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2 1 25

REG. NO. 69 8177

1. NAME OF DECEASED (Type or Print): Maurice MARTIN

2. DATE AND HOUR OF DEATH: 1:45 AM 8/11/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 15-38

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3404 Fairview Avenue 21216

5. SEX: Male 6. RACE: Negro 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2/1/25 9. AGE (in years last birthday): 44 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Government

10B. KIND OF BUSINESS OR INDUSTRY: Ft. Meade, Md

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Martin

14. MOTHER'S MAIDEN NAME: Bertha Graves

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 4-7-44 to 6-17-46

16. SOCIAL SECURITY NO.: 579-32-1833

17. INFORMANT: Mrs Jacqueline J. Martin ADDRESS: 3404 Fairvi Ave.

MEDICAL CERTIFICATION

18. 593.2

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE Pneumonia, septicemia	2 da
	DUE TO, OR AS A CONSEQUENCE OF:	
(B)	Abcess?	3 mo
	DUE TO, OR AS A CONSEQUENCE OF:	
(C)	renal transplant, renal failure	Yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/5 1969 to 8/11 1969 that (I) (we) last saw the deceased alive on 8/11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ did ~~(did)~~ ~~(did not)~~ view the body after death.

23A. SIGNATURE: James E. Muller MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8/11/69

23C. PHYSICIAN'S NAME (Type): James E. Muller M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-15-69

24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Robert E. [illegible]

25C. FUNERAL DIRECTOR: Herbert E. Nutter ADDRESS: 3035 W. North Ave

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-300 69 8178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8178

1. NAME OF DECEASED (Type or Print): MOLLIE REED

2. DATE AND HOUR OF DEATH: 7:45 PM 8/12/69

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE CITY 13-03
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 2508 MADISON AVE

5. SEX: Female 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]

8. DATE OF BIRTH: 9-24-97 9. AGE (In years last birthday): 71 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10B. KIND OF BUSINESS OR INDUSTRY: Pvt Family
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thornton Wilson
14. MOTHER'S MAIDEN NAME: Elizabeth Clayton

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219 10 6901
17. INFORMANT: Mrs Anna Boston ADDRESS: 734 W. Fayette St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hypoglycemia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hepatic Tumor
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): None

19A. DATE OF OPERATION: Not Appl.
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 29 19 69 to August 12 19 69 that (I) (we) last saw the deceased alive on ~~July~~ Aug 12 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B. G. Brown MD. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/12/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: DEPT. OF MEDICINE, THE JOHNS HOPKINS HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-16-69
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore County, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Herbert E. Nutter ADDRESS: 3035 W. North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8179

BIRTH NO. H-262 69 8179

1. NAME OF DECEASED (Type or Print): Hickerson, Anna B.

2. DATE AND HOUR OF DEATH: Aug. 17/69 11:55 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hosp. 46 Ashburton St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 15-47

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 2905 Poplar Terr.

5. SEX: Female

6. RACE: Negro

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 9/11/90

9. AGE (In years last birthday): 78

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Archiebald Hickerson

14. MOTHER'S MAIDEN NAME: Anna Sale

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 30-187 462

17. INFORMANT: Mr Archie B. Hickerson ADDRESS: 2905 Poplar Terrace

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiopulmonary arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary emboli? or Myocardial infarction?

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes

19A. DATE OF OPERATION: 8/11/69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Umbilical hernia

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/29 1969 to 8/12 1969, that (I) (we) last saw the deceased alive on 8/12 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: N. Ignacio DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8/12/69

23C. PHYSICIAN'S NAME (Type): Narciso E. Ignacio DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-16-69

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Robert E. Jaffee M.D.

25C. FUNERAL DIRECTOR: Herbert E. Nutter ADDRESS: 3035 W. North Ave

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 140 REV. 1/1/68

P-626 69 8180

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8180

1. NAME OF DECEASED (Type or Print): ALMA D. NELSON PARKER

2. DATE AND HOUR OF DEATH: 8/7/69 7 15/A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 16-07

C. CITY ~~OR TOWN~~: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 2964 Mosher St.

5. SEX: Female 6. RACE: Negro 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10/4/35 9. AGE (In years last birthday): 33 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hostess

10B. KIND OF BUSINESS OR INDUSTRY: Restuarant

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HENRY NELSON

14. MOTHER'S MAIDEN NAME: Margaret Tucker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 050-28-7509

17. INFORMANT: Mr. Henry Nelson ADDRESS: 1518 Walton Ave Bronx, New York

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

398X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Rheumatic Heart Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 18 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Dry Gangrene with 2° infection (L) Forearm 1 mo.

19A. DATE OF OPERATION: 8/1/69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 2° infection of (L) forearm

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner): NO

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 24 19 69 to Aug. 7 19 69 that (I) (we) last saw the deceased alive on Aug. 7 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles L. Cromwell, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Aug. 7, 1969

23C. PHYSICIAN'S NAME (Type): Charles L. Cromwell M.D. DEGREE

23D. ADDRESS: University of Md. Hosp. Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-12-69

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Robert E. Kelly, M.D.

25C. FUNERAL DIRECTOR: Herbert E. Nutter ADDRESS: 3035 W. North Ave

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-325 69 8181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8181

1. NAME OF DECEASED (Type or Print): Atkinson, Annie

2. DATE AND HOUR OF DEATH: 8-3-69 11:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Dukeland Nursing Home 1501 Dukeland St. #21216

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 20-37
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 316 Edgewood Street

5. SEX: F
6. RACE: W N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9-15-02
9. AGE (In years last birthday): 66
If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Green Co. North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Byner
14. MOTHER'S MAIDEN NAME: Rosa Patrick

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-32-6213
17. INFORMANT: Dukeland Nursing Home — ADDRESS: 1501 Dukeland St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CEREBRAL DEGENERATION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C) DIABETES MELLITUS

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3-9 1967 to 8-3 1969, that (I) (we) last saw the deceased alive on 8-3 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas W. Harris DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-3-69
23C. PHYSICIAN'S NAME (Type): THOMAS W. HARRIS MD DEGREE
23D. ADDRESS: 4200 EDMONDSON AVE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/10/69
24C. NAME of CEMETERY or CREMATORY: Washington Branch Cem.
24D. LOCATION (City, town, or county) (State): Green Co. North Carolina

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Nutter Funeral Home — ADDRESS: 3035 W. North Ave

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8182

BIRTH NO. W-452 69 8182

1. NAME OF DECEASED (Type or Print): WILLIAMS, CHARLES

2. DATE AND HOUR OF DEATH: 8/10/69 | 9 55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSPITAL OF MARYLAND 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 15-06

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2824 Walbrook Ave

5. SEX: Male 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: 6/29/28 9. AGE (In years last birthday): 42 41 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY: Carolina Transfer and Storage Co

11. BIRTHPLACE (State or foreign country): Pittsburg, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willie Williams

14. MOTHER'S MAIDEN NAME: Emma Norwood

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 12-30-49 - 11-7-50

16. SOCIAL SECURITY NO.: 246-50-2237

17. INFORMANT: Mrs Gladys Williams ADDRESS: 2824 Walbrook

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: G. I. HEMORRHAGE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 DAY

DUE TO, OR AS A CONSEQUENCE OF:

(B) CARCINOMA OF LIVER — 8-9 MONTHS

DUE TO, OR AS A CONSEQUENCE OF:

(C) WITH HEPATIC FAILURE

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?: —

22. I certify that I (this hospital) attended the deceased from 8/10/69 19 to 8/10/ 19 69, that I (we) last saw the deceased alive on 8/10/69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Samart Veohongsa M.D. (DEGREE) Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8/10/1969

23C. PHYSICIAN'S NAME (Type): SAMART VEOHONGSA (DEGREE)

23D. ADDRESS: 730 ASHBURTON BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-15-69

24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 14 1969

25B. NAME OF REGISTRAR: Robert E. Jakes, M.D.

25C. FUNERAL DIRECTOR: Herbert E. Nutter

ADDRESS: 3035 W. North Ave

VS-150 REV. 12/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-250 69 8183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8183

BIRTH NO. 67-12666

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): OPELL A. DIXON JR.

2. DATE AND HOUR OF DEATH: 8-12-69 6:45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSPITAL OF BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 22-01
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 819 LEADEN HALL

5. SEX: M
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-29-67
9. AGE (In years last birthday): 2
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ODELL DIXON SR.
14. MOTHER'S MAIDEN NAME: MARGARET WILLIAMS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 3200 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Diffuse bilateral brain damage

DUE TO, OR AS A CONSEQUENCE OF:

(B) Post-Hemophilus Influenzal Meningitis

DUE TO, OR AS A CONSEQUENCE OF:

(C) Bilateral Bronchopneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____, that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jeufemio M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-12-69
23C. PHYSICIAN'S NAME (Type): JOHNNY EUFEMIO, M.D. DEGREE
23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-16-69
24C. NAME of CEMETERY or CREMATORY: Mount Auburn
24D. LOCATION (City, town, or county) (State): Baltimore City

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Isaiah L. Brown & Son — ADDRESS: 108 W. Momntgomery Street

VS 150-REV. 1/1/68

1 9 6 9 0 0 0 8 1 7 1

BIRTH NO. D-520 69 8184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8184

1. NAME OF DECEASED (Type or Print): Donnick, Frank C.

2. DATE AND HOUR OF DEATH: 8-14-69 | 6 30 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Howard Co. 63-00

C. CITY OR TOWN: Hanover, Md. D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: Box 124 A Ridge Road

5. SEX: Male 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-18-88 9. AGE (In years last birthday): 80 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Tailoring

11. BIRTHPLACE (State or foreign country): ~~Ethiopia~~ MD

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Donnick

14. MOTHER'S MAIDEN NAME: Magdeline Ekooitus

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-09-9065 A

17. INFORMANT: Tillie Donnick (wife) ADDRESS: Same as ↑

MEDICAL CERTIFICATION

18. 410.9

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic cardiovasc. dis, marked years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8/8/65 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Gangrene foot

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/15-1965 to 8/14 1965 that (I) (we) last saw the deceased alive on 8/14 1965 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: I. F. Hartman II MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8/14/65

23C. PHYSICIAN'S NAME (Type): I. F. Hartman II M.D. DEGREE

23D. ADDRESS: Md. Gen Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/18/69

24C. NAME of CEMETERY or CREMATORY: Holy Cross

24D. LOCATION (City, town, or county) (State): Brooklyn, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Raymond C. Fink ADDRESS: Glen Burnie, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-534 69 8185

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8185

1. NAME OF DECEASED (Type or Print): SWINDELL, GEORGE E.

2. DATE AND HOUR OF DEATH: 8/11/69 7:10 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL, 40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: AA CO. 52-00
C. CITY OR TOWN: PASADENA
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1703 POPLAR RIDGE RD.

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 01 23 22
9. AGE (In years last birthday): 47
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SUP. OF PHARMACY
10B. KIND OF BUSINESS OR INDUSTRY: U. of M. MD
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: WILLIAM SWINDELL
14. MOTHER'S MAIDEN NAME: MARY (HORN)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
If yes, give war or dates of service: WW 2
16. SOCIAL SECURITY NO.: 219 18 6433
17. INFORMANT: ST AGNES HOSP., WILKENS & CATON AVE
ADDRESS: BALTO., MD. 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of pancreas — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF: w/ metastases to liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/11 1969 to 8/11/ 1969 that (I) (we) last saw the deceased alive on 8/11/ 1969 and that (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C Lancelotta M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/11/69
23C. PHYSICIAN'S NAME (Type): C LANCELOTTA, M.D. DEGREE
23D. ADDRESS: ST AGNES HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-14-69
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Farley-Fravaugh
ADDRESS: Catonsville Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

6896-46

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-130 65-32031 69 8186

REG. NO. 69 8186

1. NAME OF DECEASED (Type or Print): DI FATTA, CYNTHIA ELLEN

2. DATE AND HOUR OF DEATH: AUGUST 13, 1969 | 11:20 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD.

B. COUNTY: 26-05

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 318 FOLCROFT ST. 21224

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 12-21-65

9. AGE (In years last birthday): 3 | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN J. DI FATTA

14. MOTHER'S MAIDEN NAME: FAITH E. SPAHN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: ST. AGNES HOSP. RECORDS - CATON & WILKENS AVES.

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute Hemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

(B) Congenital Biliary Atresia

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 9, 1969 to AUGUST 13, 1969 that (I) (we) last saw the deceased alive on AUGUST 13, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jdecastro - Almed DEGREE

Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]

23B. DATE SIGNED: 8/14/69

23C. PHYSICIAN'S NAME (Type): M.J DE CASTRO, M.D. DEGREE

23D. ADDRESS: ST. AGNES HOSPITAL CATON & WILKENS AVES. BALTIMORE, MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-16-69.

24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial

24D. LOCATION (City, town, or county) (State): Washington Blvd., Elkridge, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969

25B. NAME OF REGISTRAR: Robert E. Farley M.D.

25C. FUNERAL DIRECTOR: Charles H. Giles

ADDRESS: 6224 Eastern Ave. Balto., 21224, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V-426 69 8187

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8187

1. NAME OF DECEASED (Type or Print): Ludwig Volker

2. DATE AND HOUR OF DEATH: 8/11/69 11:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore Gen. Hosp. 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balt. (Z.C. 21061)

C. CITY OR TOWN: ~~Baltimore~~ Glen Burnie D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 3 Bertham Drive 52-00

5. SEX: M 6. RACE: W 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1/3/05 9. AGE (In years last birthday): 64 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas fitter 10B. KIND OF BUSINESS OR INDUSTRY: Gas & Elec

11. BIRTHPLACE (State or foreign country): Germany 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ludwig (Dec) 14. MOTHER'S MAIDEN NAME: Ignatia Zumegn (Dec)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 213100307 17. INFORMANT: Wife ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 410.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Chronic Obstructive Airway Disease - Hypoxia — 30 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/9/69 19 to 8/11 19 67 that (I) (we) last saw the deceased alive on 8/11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John A. Eaddy M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8/11/69

23C. PHYSICIAN'S NAME (Type): John A. Eaddy M.D. DEGREE

23D. ADDRESS: South Baltimore Gen. Hosp.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8/14/69 24C. NAME of CEMETERY or CREMATORY: Balt National 24D. LOCATION (City, town, or county) (State): Balt Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969 25B. NAME OF REGISTRAR: Robert E. Jaber, M.D. 25C. FUNERAL DIRECTOR: Chas. A. Severna 25D. ADDRESS: Severna Park, Md 21146

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-362 69 8188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8188

1. NAME OF DECEASED (Type or Print): John Henry Strickroth

2. DATE AND HOUR OF DEATH: Aug 12, 1969 | 10:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: The Union Memorial Hosp.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33rd & Calvert Streets

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: USA 1-020
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 122 S. Curley St.

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH (Month, Day, Year): Mar. 22 1884
9. AGE (In years on last birthday): 85
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): presser
10B. KIND OF BUSINESS OR INDUSTRY: Lebow Bros.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Strickroth
14. MOTHER'S MAIDEN NAME: Mary Weis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-09-5577
17. INFORMANT: Mr. G. Raymond Strickroth
ADDRESS: 2817 Ashland Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ventric Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(C) Atherosclerotic Heart Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 10 1969 to Aug 12 1969 that (I) (we) last saw the deceased alive on Aug 12 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Emmanuel Cleaver MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Aug 12, 1969
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/16/'69
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: John A. Morgan, Inc.
ADDRESS: 3000 E. Baltimore St

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8189

BIRTH NO. K-514 69 8189

1. NAME OF DECEASED (Type or Print): LAWRENCE J. KNOBEL

2. DATE AND HOUR OF DEATH: AUGUST 11, 1969 9:40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 27-41

C. CITY OR TOWN: BALTO. D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4601 LUERSSEN AVE

5. SEX: MALE 6. RACE: WHITE 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: JUNE 8, 1895 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MACHINIST

10B. KIND OF BUSINESS OR INDUSTRY: STANDARD OIL CO.

11. BIRTHPLACE (State or foreign country): BALTO., MD

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: HENRY KNOBEL

14. MOTHER'S MAIDEN NAME: ELIZABETH DAHL

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-07-1636

17. INFORMANT: MRS. ANNE KNOBEL ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Coronary Thrombosis

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriosclerotic Cardio-Vascular Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan. 1942 to Aug 11 1969, that (I) (~~we~~) last saw the deceased alive on Aug 11 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: L B Stevens M.D. DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 8/12/69

23C. PHYSICIAN'S NAME (Type): L. B. Stevens, M. D. DEGREE

23D. ADDRESS: 3400 Erdman Ave. Baltimore, Md. 21213

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8-14-69

24C. NAME of CEMETERY or CREMATORY: PARKWOOD CEMETERY

24D. LOCATION (City, town, or county) (State): BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969

25B. NAME OF REGISTRAR: Robert E. Jaybey M.D.

25C. FUNERAL DIRECTOR: J. Walter Conklin ADDRESS: 5444 BELAIR RD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

N-210 69 8190

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8190

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN M NEIGHOFF

2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD Month Day Year August 12,1969 Hour 2:45 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 840 W. 36th Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 13-07

6. SEX Male

7. RACE White

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

C. CITY OR TOWN Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH May 3 1896

10. AGE (In years last birthday) 73 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER 840 W. 36th Street

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Neighoff

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender

14B. KIND OF BUSINESS OR INDUSTRY Tavern

15. MOTHER'S MAIDEN NAME Sally Hamilton

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WW I

17. SOCIAL SECURITY NO. 216016631

18. INFORMANT Vernon Neighoff ADDRESS 739 Leafdale Terrace

MEDICAL CERTIFICATION

19. 412.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No) no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23.
I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Ronald N Kornblum M.D.

EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 8/13/69

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 8-15-69

24C. NAME of CEMETERY or CREMATORY Baltimore National

24D. LOCATION (City, town, or county) (State) Baltimore Md

25A. DATE REC'D BY HEALTH DEPT. AUG 15 1969

25B. NAME OF REGISTRAR Robert E. Jakey, M.D.

25C. FUNERAL DIRECTOR Burgess Funeral Home

ADDRESS Baltimore Md

1969 Dr Norman Blair Jr

VS 151-REV. 1/1/68

W-422 69 8191

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8191

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): WLOCZEWSKI, MARY

2. DATE AND HOUR OF DEATH: AUGUST 12, 1969 | 4:48A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTIMORE G 53-00

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: CATON RIDGE NURSING HOME-329 HARLEM LANE

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 08-21-82 9. AGE (In years last birthday): 86 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): POLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH [redacted] MUROWSKA

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: AVES. BALTIMORE, MD. 21229 ADDRESS: ST. AGNES HOSP. RECORDS-CATON & WILKENS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septicemia

DUE TO, OR AS A CONSEQUENCE OF:

(B) Rt. Parotid infection

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 27, 1969 to AUGUST 12, 1969 that (I) (we) last saw the deceased alive on AUGUST 12, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ferguenegildo R. Isidro DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Aug. 12, 1969

23C. PHYSICIAN'S NAME (Type): DR. ISIDRO MD DEGREE

23D. ADDRESS: BALTIMORE, MD. 21229 ST. AGNES HOSP. CATON & WILKENS AVES.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-14-69.

24C. NAME of CEMETERY or CREMATORY: Gardens of Faith

24D. LOCATION (City, town, or county) (State): Kenwood Av. & Trumps Mill Rd, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Charles J. Kegler ADDRESS: 901 S. Conkling St. Balto., 21224, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-200 69 8192

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8192

1. NAME OF DECEASED (Type or Print): ANNA E. BEACH

2. DATE AND HOUR OF DEATH: August 13, 1969 11:45 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Melchor Nursing Home 2327 N. Charles Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Balto Co 53-00

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 2532 Yorkway

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: March 6, 1888 9. AGE (In years last birthday): 81 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Uttenreither 14. MOTHER'S MAIDEN NAME: Barbara

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-01-0508

17. INFORMANT: Elmer J. Beach ADDRESS: 3603 E. Fayette Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident — IMMEDIATE CAUSE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 month

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral Arteriosclerosis — several years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from August 11 1969 to August 13 1969, that (I) (~~we~~) last saw the deceased alive on August 12 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Joe M. Zimmerman MD DEGREE — Attending Phys. ☒ Med. Director ☒ Staff Phys. ☐

23B. DATE SIGNED: 8/15/69

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8-16-1969 24C. NAME of CEMETERY or CREMATORY: Oak Lawn 24D. LOCATION (City, town, or county) (State): Baltimore County, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969 25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 1901-07 Eastern Ave.

VS 150-REV. 1/1/68

9 0 0 0 8 1 0 0

K-626 69 8193

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8193

1. NAME OF DECEASED (Type or Print): KRIEGER MRS. EMMA G.

2. DATE AND HOUR OF DEATH: 8. 13. 1969 | 12.40 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home & Hospital 100 N Broad Way, Baltimore MD. 21231

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: Baltimore Co. 53-00

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 4505, Kenwood avenue 21206

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 8. ~~XXX~~25. ~~XX~~ 1900 9. AGE (In years last birthday): 69 yr. If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ~~Xxxxxxx~~ Maryland

12. CITIZEN OF WHAT COUNTRY? U.S. America

13. FATHER'S NAME: Daniel Shorb

14. MOTHER'S MAIDEN NAME: ~~Henrietta~~ ~~Etta~~ Henrietta MILLER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-26-9946

17. INFORMANT: Joseph Krieger ADDRESS: 7811 Old Harford Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiogenic Shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days.

DUE TO, OR AS A CONSEQUENCE OF: A.S.H.D.

Tachyarythmia.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Emphysema Yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 8. 11. 1967 to 8. 14. 1969 that (I) (~~we~~) last saw the deceased alive on 8. 14. 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Abdu Samad MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 8. 14. 1969

23C. PHYSICIAN'S NAME (Type): ABDUL SAMAD MD DEGREE

23D. ADDRESS: Church Home & Hospital 100 N Broad Way Baltimore MD. 21231.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/16/69

24C. NAME of CEMETERY or CREMATORY: Gardens Of Faith

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969 Robert

25B. NAME OF REGISTRAR: E. Farber, M.D.

25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. Baltimore, Maryland ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

SAB-52-01-70

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. (2) M-532 69 8194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8194

1. NAME OF DECEASED (Type or Print): Cleveland Mondshour

2. DATE AND HOUR OF DEATH: 8-14-1969 | 7.55 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 19-021
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1308 Hollins Street 21223

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 7-31-1913
9. AGE (In years last birthday): 56
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Cleveland T. Sr.
14. MOTHER'S MAIDEN NAME: Genevie Tyson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-07-2174
17. INFORMANT: Records: BCH-4940 Eastern Avenue
ADDRESS: 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Ca of Lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 13 mo.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Tbc — 7 yrs

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 7/23 1969 to 8/14 1969 that ~~(I)~~ (we) last saw the deceased alive on 8/14 1969 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: JR Neefe MD
DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/14/69
23C. PHYSICIAN'S NAME (Type): J.R. Neefe
DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/16/69
24C. NAME of CEMETERY or CREMATORY: Mt. Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Wetzel, 4101 Edmondson Ave.
ADDRESS: 21229

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. (1) A-140 69 8195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8195

1. NAME OF DECEASED (Type or Print): Laura E. Abell

2. DATE AND HOUR OF DEATH: 8/13/69 5:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 General German Home, 22 S. Athol Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 28-34
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 22 S. Athol Avenue

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6/25/1882
9. AGE (In years last birthday): 87
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---
10B. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. H. Booring
14. MOTHER'S MAIDEN NAME: Mary Ellen

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-54-7105 J
17. INFORMANT: I General German Aged Home — ADDRESS: 22 S. Athol Ave. Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Dehydration + Malnutrition
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pelvic metastases
DUE TO, OR AS A CONSEQUENCE OF:
(C) Malignant Melanoma

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from April 1969 to 13 Aug 1969, that (I) (we) last saw the deceased alive on 13 Aug 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William J. Bryson M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 14 Aug 69
23C. PHYSICIAN'S NAME (Type): Dr. Wm. J. Bryson DEGREE
23D. ADDRESS: 4605 Edmondson Ave.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/16/69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Witzke, 4101 Edmondson Ave — ADDRESS

VS 150-REV. 1/1/68

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M425-1

(5)

BIRTH NO. 69 8196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 69 8196

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MOLSNER, GUSTAV (Gustave)

2. DATE AND HOUR OF DEATH: AUGUST 13, 1969 | 10:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
ST.AGNES HOSPITAL
WILKENS & CATON AVENUE
BALTIMORE 21229 MD.
40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto Co 53-00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1236 STELLA DRIVE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 03-03-86
9. AGE (In years last birthday): 83
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNITED MINE WORKER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: CARL MOLSNER DEC'D
14. MOTHER'S MAIDEN NAME: HENERYETTI DEC'D
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 400-09-3150
17. INFORMANT: ST.AGNES HOSPITAL, WILKENS & CATON AVE.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic heart disease
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C) ~~Hypertrophy of heart~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 13 19 69 to AUGUST 13 19 69 that (I) (we) last saw the deceased alive on AUGUST 13 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A Shams, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 08-13-69
23C. PHYSICIAN'S NAME (Type): DR. A. SHAMS, M.D. DEGREE
23D. ADDRESS: ST.AGNES HOSPITAL, WILKENS & CATON AVE.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/16/69
24C. NAME of CEMETERY or CREMATORY: Holly Hills Cemetery
24D. LOCATION (City, town, or county) (State): Middle River, Maryland 21220

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Wizke, 4101 Edmondson Ave. Balto., Md. 21229
ADDRESS

VS 150-REV. 1/1/68

1969008184

M-620 69 8197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8197

BIRTH NO. 69-14326

1. NAME OF DECEASED (Type or Print): BABY GIRL

2. DATE AND HOUR OF DEATH: March Aug. 12, 1969 10:44 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE: Md.

B. COUNTY: 21206

C. CITY OR TOWN: BALTO.

D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 6017 LANETTE ROAD

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Aug. 12 1969

9. AGE (in years last birthday): If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min. 6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: EUGENE EDWARD MARCH SR.

14. MOTHER'S MAIDEN NAME: DEBORAH ANN TAYLOR

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

1B. 770.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Abruptio placenta. prematurity (32 wk)

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

D.H.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/12 1969 to 8/12 1969, that (I) (we) last saw the deceased alive on 8/12 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Albert R. Milan M.D. DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8-12-69

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS: 320 E. 33rd St. Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify):

24B. DATE: 8-14-69

24C. NAME of CEMETERY or CREMATORY:

24D. LOCATION (City, Town or County) (State):

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR:

ADDRESS:

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8198

BIRTH NO. S-160 69-12952 69 8198

1. NAME OF DECEASED (Type or Print): Baby Boy Sparrow

2. DATE AND HOUR OF DEATH: July 18, 1969 2:35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md B. COUNTY: Baltimore 15-12

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3940 Park Heights Ave #15

5. SEX: M 6. RACE: N 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7/18/69 9. AGE (In years last birthday) If Under 1 Yr. Months Days Hours — Min. 46

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Prematurity

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 18, 1969 to July 18, 1969, that (I) (we) last saw the deceased alive on July 18, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Todd Gladstone, M.D. DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: July 18, 1969

23C. PHYSICIAN'S NAME (Type): Todd Gladstone, M.D. DEGREE 23D. ADDRESS: Sinai Hospital

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE: 8-14-69 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT. AUG 15 1969 25B. NAME OF REGISTRAR Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-652 69 8199

BIRTH NO. 69-13218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8199

1. NAME OF DECEASED (Type or Print): Baby Boy Frank

2. DATE AND HOUR OF DEATH: 7-14-69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 53-00
C. CITY OR TOWN: Baltimore C
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3222 Southgreen Road

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-14-69
9. AGE (In years last birthday): NB
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Frederick William Frank
14. MOTHER'S MAIDEN NAME: Phyllis Kimmelman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 7 4 1.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) MENINGO-MYELOCELE
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ..... 19 ..... to ..... 19 ....., that (I) (we) last saw the deceased alive on ..... 19 ..... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H. Melvin Radman
DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): H. Melvin Radman
23D. ADDRESS: ANATOMY BOARD OF MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 8-14-69
24C. NAME of CEMETERY or CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS:

VS 150-REV. 1/1/68

0 0 0 0 1 0 7

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-562 69 8200

REG. NO. 69 8200

1. NAME OF DECEASED (Type or Print): Albert Summers

2. DATE AND HOUR OF DEATH: 8/14/69 16 25 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Century Home, Inc 1012 N Paca St Balto. Md 21201

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: 1600 Mulliman St 7-04

B. COUNTY:

C. CITY OR TOWN: Balto Md

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER:

5. SEX: M

6. RACE: N

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 3/10/09

9. AGE (In years last birthday): 60

If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 217-01-2555

17. INFORMANT:

ADDRESS:

MEDICAL CERTIFICATION

1B. 4124 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardio-respiratory failure

DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic CVHD

(B) Uremia

DUE TO, OR AS A CONSEQUENCE OF: Cerebral Vascular Accident, old (C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 23 1968 to Aug 14 1969, that (I) (we) last saw the deceased alive on Aug 14 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8/14/69

23C. PHYSICIAN'S NAME (Type): LUILLAND APPLEFELD DEGREE

23D. ADDRESS: 1665 Reisterstown Rd

24A. BURIAL CREMATION, REMOVAL (Specify):

24B. DATE: 8-14-69

24C. NAME of CEMETERY or CREMATORY:

24D. LOCATION (City, town or county) (State):

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR:

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-260 69 8201 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 69 8201

1. NAME OF DECEASED (Type or Print) Louis Baker	2. DATE OF DEATH Known ☒ Estimated ☐	Month 8	Day 4	Year 69	Hour 12:50 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 00 — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2923 Sylvan Ave.	3. DATE PRONOUNCED DEAD	8	4	69	12:50 P.M.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 3-01

6. SEX	7. RACE	8. MARITAL STATUS	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
male	white	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Baltimore	YES ☒ NO ☐

9. DATE OF BIRTH	10. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months / Days / Hours / Min.	E. STREET AND NUMBER
	57		28 S. Broadway

11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED 8/5/69

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
	8-15-69	ANATOMY BOARD OF MARYLAND UNIVERSITY MEDICAL SCHOOL	

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 15 1969	Robert E. Talbey, M.D.	MORTUARY SERVICE - BCHD	

VS 151-REV. 7/1/68 1969000819

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-250 69 8202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8202

1. NAME OF DECEASED (Type or Print): JERRY LEE DIXON

2. DATE AND HOUR OF DEATH: 4:30 P.M. 7/30/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 Well Mad

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 17-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 411 N Pine ST

5. SEX: M
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. 571.0

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: LIVER FAILURE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) ALCOHOLIC CIRRHOSIS
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 7/15
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ESOPHAGEAL VARICES
20A. AUTOPSY? (Yes or No): Y
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 4 19 69 to July 30 19 69 that (I) (we) last saw the deceased alive on July 30 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Neil M. Keats M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/30/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: ANATOMY BOARD OF MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 8-15-69
24C. NAME of CEMETERY or CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969 Robert E. Farber, M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS

VS 150-REV. 1/1/68

M 46 ✓ 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-635 69 8203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8203

1. NAME OF DECEASED (Type or Print): HARRY MARTIN (ALIAS HERBERT MELLORS)

2. DATE AND HOUR OF DEATH: Aug. 9, 1969 4:45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hospital 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 4-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 705 W. Lexington St.

5. SEX: Male
6. RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ ? DIVORCED ☐
8. DATE OF BIRTH: UNKNOWN
9. AGE (In years last birthday): 77 — If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ~~ENGLAND~~ UNKNOWN
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNKNOWN — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: UNKNOWN — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Atherosclerotic Cardio-Vascular Disease — unknown
DUE TO, OR AS A CONSEQUENCE OF:
(B) Tuberculosis — unknown
DUE TO, OR AS A CONSEQUENCE OF:
(C) Unresponsiveness 2° Cardio-Respiratory Arrest — 10 days

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: Late, latent syphilis — unknown

41 2.4 + 011.9

19A. DATE OF OPERATION: 8/1/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Respiratory Difficulty
20A. AUTOPSY? (Yes or No): ?
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 31 1969 to Aug. 9 1969 that (I) (we) last saw the deceased alive on Aug. 9 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C. L. Cromwell, MD. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Aug. 9, 1969
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: Univ. of Md. Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 8-15-69
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Valerie E. Valerie, R.B.
25C. FUNERAL DIRECTOR
ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

K-260 69 8204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8204

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased, was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Edward Keys

2. DATE AND HOUR OF DEATH: 14 August 1969 8:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 27-17
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3001 Garrison Ave

42

5. SEX: M
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 1897
9. AGE (In years last birthday): 72
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 4124

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Edema
DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Acute Renal Insufficiency, Multiple CVA's.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 23 June 1969 to 14 August 1969 that I (we) last saw the deceased alive on 14 August 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Morris Ostroff, MD — DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): Morris Ostroff, MD — DEGREE
23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 8-15-69
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, Town, or County) (State):

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR:
ADDRESS:

VS 150-REV. 1/1/68

J 52d

69 8205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8205

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joynes, Miss Viola F.

2. DATE AND HOUR OF DEATH: 8/13/1969 | 6 30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital 827 Linden Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 13-07
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3939 Roland Ave

5. SEX: Fe
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-6-88
9. AGE (In years last birthday): 81
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wm T. Joynes
14. MOTHER'S MAIDEN NAME: Mary A. (Annie) Gunter

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Mabel S. Begester
ADDRESS: 3838 Roland Ave.

MEDICAL CERTIFICATION

18. 182.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Pulmonary congestion

DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of uterus (endometrium)

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-20-69 19 — to 8-13 19 69, that (I) (we) last saw the deceased alive on 8-13 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: U. Sanoxum DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-13-69
23C. PHYSICIAN'S NAME (Type): U. SANOXUM DEGREE
23D. ADDRESS: Md. GENERAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/16/69
24C. NAME of CEMETERY or CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Parkville, Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co.
ADDRESS: 4905 York Rd. Balto. Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-520 69 8206

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8206

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALBERT H. THOMAS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 12, 1969 Hour 9:13 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 12-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 26 Jan 1916
10. AGE (In years last birthday): 53
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 3528 Greenmount Avenue

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Herman Thomas

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retailer
14B. KIND OF BUSINESS OR INDUSTRY: floristt
15. MOTHER'S MAIDEN NAME: Mary Carter

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): WW II
17. SOCIAL SECURITY NO. 217-07-6022
18. INFORMANT: Mrs. Ruth Thomas ADDRESS: 3528 Greenmount Ave. 21218

MEDICAL CERTIFICATION

19. 412.4

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8/13/69

24A. BURIAL CREMATION, REMOVAL (Specify): burial
24B. DATE: 8-16-69
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Ullrich Funeral Home, Balto, Md. ADDRESS:

VS 151-REV. 1/1/68

9 8 9 0 0 0 8 1 9 4

W-160 69 8207

BIRTH NO. Balto Co. Md.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8207

1. NAME OF DECEASED (Type or Print): BRENT C. WEBER

2. DATE AND HOUR OF DEATH: 8-13-69 9:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-48
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1177 East Northern Parkway

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-8-69
9. AGE (In years last birthday)
If Under 1 Yr. Months: 3 Days: 5 Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ———
10B. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK J. WEBER
14. MOTHER'S MAIDEN NAME: MARCIA P. TATE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: ———
17. INFORMANT: Marcia P. Weber
ADDRESS: 1177 E. Northern Pkwy Baltimore, Md. 21212

MEDICAL CERTIFICATION

18. 7461

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIO PULMONARY ARREST
DUE TO, OR AS A CONSEQUENCE OF:
(B) CHRONIC CONGESTIVE HEART FAILURE
DUE TO, OR AS A CONSEQUENCE OF:
(C) CONGENITAL HEART DIS. TRANSPOSITION

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8-11-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: REVISION - POTTS ANASTOMOSIS
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5-8 1969 to 8-13 1969 that (I) (we) last saw the deceased alive on 8-13 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Felix L. Kaufman M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8-13-69
23C. PHYSICIAN'S NAME (Type): FELIX L. KAUFMAN M.D. DEGREE
23D. ADDRESS: UNIVERSITY HOSPITAL BALTO., MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/15/69
24C. NAME of CEMETERY or CREMATORY: Middletown Cemetery
24D. LOCATION (City, town, or county) (State): Middletown BALTIMORE Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: William E. Johnson
ADDRESS: 8521 Loch Raven Blvd Baltimore, Md. 21204

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8208

BIRTH NO. N-260 69 8208

1. NAME OF DECEASED (Type or Print): Minnie C. Neisser

2. DATE AND HOUR OF DEATH: 8/13/69 950 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore Gen Hosp 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 23-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1604 Clarkson

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 1/6/06
9. AGE (In years last birthday): 69
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Wagner (Dec)
14. MOTHER'S MAIDEN NAME: Susan (Dec)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-54-2221
17. INFORMANT: Edward Neisser Son
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Myocardial Infarction	Weeks
DUE TO, OR AS A CONSEQUENCE OF:	Arteriosclerotic Cardiovascular Disease	years
(B) DUE TO, OR AS A CONSEQUENCE OF:	Diabetes Mellitus	year
(C)	and Carcinoma Rectum Metastasis	years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPRDX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5/16 1969 to 7/23 1969, that (I) (we) last saw the deceased alive on 7/23 1969 and that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John A. Eaddy M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/13/69
23C. PHYSICIAN'S NAME (Type): John A. Eaddy M.D. DEGREE
23D. ADDRESS: South Baltimore Gen Hosp

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8 18 69
24C. NAME of CEMETERY or CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: M. Colly
ADDRESS: 130 E. Fort Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Released by Medical Examiner

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8209

BIRTH NO. M-240 69 8209

1. NAME OF DECEASED (Type or Print): MR. JOSEPH W. MICHAEL (also known as MICHAL) William

2. DATE AND HOUR OF DEATH: August 12, 1969 9·15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home & Hospital. 35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Balto. Co. 53-00

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 403, Wharton Rd. 21221

5. SEX: M

6. RACE: W

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1·27·95

9. AGE (In years last birthday): 74

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Mr. Frank Michael (Michal)

14. MOTHER'S MAIDEN NAME: Pauline Hillen

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-01-8429

17. INFORMANT: Bessie Cermak Michal, wife, above — ADDRESS:

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.3

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Pulmonary Embolism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7-10 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerotic Heart Disease — > 4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7·30 1969 to 8·12 1969 that (I) (we) last saw the deceased alive on 8·12 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Cezar A. Lopez MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: August 13, 1969

23C. PHYSICIAN'S NAME (Type): CEZAR A. LOPEZ MD DEGREE

23D. ADDRESS: CHURCH HOME + HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/16/69

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. — ADDRESS: 3830 Brehms Lane

0 0 0 0 3830

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-623 69 8210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8210

1. NAME OF DECEASED (Type or Print): Ann Margaret Kane Brossoit

2. DATE AND HOUR OF DEATH: August 11, 1969 | 3:05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 45 The Good Samaritan Hospital 5601 Loch Raven Blvd. Balto. Md. 21212

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 21213 26-33
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3209 Kentucky Ave.,

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 12-12-85
9. AGE (In years last birthday): 83
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Kane
14. MOTHER'S MAIDEN NAME: Ann Foley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-54-3000
17. INFORMANT: John Brossoit, son, above
ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4/12/3 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Arteriosclerotic Heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO, OR AS A CONSEQUENCE OF:

(B) Generalized Arteriosclersis — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 8 1969 to August 11, 1969, that (I) (we) last saw the deceased alive on August 11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: I. A. Orer MD. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/11/69
23C. PHYSICIAN'S NAME (Type): I.A.Orer M.D. DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/14/69
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: Robert E. Kelley, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 13310 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-653

BIRTH NO. 69 8211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8211

1. NAME OF DECEASED (Type or Print): Edward S. Thornton or Ellwood Thornton

2. DATE AND HOUR OF DEATH: Aug. 14, 1969 | 7:35 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 10-01
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 1211 ENSOR STREET 21202

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: May, 1917
9. AGE (In years last birthday): 52
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fruit Handler
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richmond Va.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Edward Thornton Sr.
14. MOTHER'S MAIDEN NAME: Sarah ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.: 227-14-9945
17. INFORMANT: Bessie Thornton or Thornton ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

410.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cardiovascular Dis — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 6 19 69 to Aug 14 19 69 that (I) (we) last saw the deceased alive on August 14 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas R. Griggs MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: Aug 14, 69
23C. PHYSICIAN'S NAME (Type): Thomas R. Griggs, M.D. DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Buried
24B. DATE: Aug 19/69
24C. NAME of CEMETERY or CREMATORY: Bells Mill Cem.
24D. LOCATION (City, town, or county) (State): 5501 Frederick Av.

25A. DATE REC'D BY HEALTH DEPT.: AUG - 1969
25B. NAME OF REGISTRAR: Thos E. Faber, M.D.
25C. FUNERAL DIRECTOR: Harold D. Eichhorn ADDRESS: 1129 N. Carlton St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8212

BIRTH NO. L-200 69 8212

1. NAME OF DECEASED (Type or Print): Cammie Lewis

2. DATE AND HOUR OF DEATH: August 12 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): John Hopkins Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 9-09
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1432 E. Federal St

5. SEX: Female 6. RACE: Colored 7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: May 6, 1881 9. AGE (In years last birthday): 88 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): S. C. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ellis Stone

14. MOTHER'S MAIDEN NAME: Elizabeth Washington

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Juanita Hunter ADDRESS: 1432 E Fed 2522 Garrett Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Coronary Occlusion
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic heart disease
DUE TO, OR AS A CONSEQUENCE OF:
(C) Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on 8-12- 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Samuel R. Lewis, M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8-14-69

23C. PHYSICIAN'S NAME (Type): SAMUEL R. LEWIS, M.D. DEGREE

23D. ADDRESS: 1735 E. FEDERAL ST. BALTIMORE, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Removal 24B. DATE: Aug 15 1969 24C. NAME of CEMETERY or CREMATORY: 24D. LOCATION (City, town, or county) (State): Kingstree S.C.

25A. DATE REC'D BY HEALTH DEPT. AUG 15 1969 25B. NAME OF REGISTRAR: 196900 25C. FUNERAL DIRECTOR: Brady & Eckerson ADDRESS: 1129 N. Gay St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-500 69 8213

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8213

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Geraldine Roane

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 8 Day: 11 Year: 69 Hour: 2:50 p.m.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 11 Year: 69 Hour: 2:50 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1315 N. Dallas St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 27-39
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1217 Winston Ave.

6. SEX: female
7. RACE: colored
8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Aug 13, 1944
10. AGE (In years last birthday): 25
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

11. BIRTHPLACE (State or foreign country): Halifax N.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Leroy Boone

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurses Aid
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Jessie Boone

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Robert Roane ADDRESS: 1217 Winston Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 694X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septicemia secondary to pemphigus vulgaris
~~DUE TO, OR AS A CONSEQUENCE OF:~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 8/12/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 15 69
24C. NAME of CEMETERY or CREMATORY: Bals Natl Cem.
24D. LOCATION (City, town, or county) (State): 5501 Frederick Ave Balto

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969
25B. NAME OF REGISTRAR: C. E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Milton E. Electrow ADDRESS: 1129 N. Carlin St

VS 151-REV. 1/1/68

1 9 6 9 0 0 0 8 2 0 1

K-200 69 8214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8214

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Augustus Keys

2. DATE AND HOUR OF DEATH: Aug 10, 1969 | 10 00 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Charles Co. 58-00

C. CITY OR TOWN: Nanjemoy

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: Box #49

5. SEX: Male

6. RACE: Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2/23/10

9. AGE (In years last birthday): 59

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Well digger

10B. KIND OF BUSINESS OR INDUSTRY: Well digger

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: AUGUSTUS

14. MOTHER'S MAIDEN NAME: ELIZABETH PROCTOR

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. I	Pulmonary embolus	
(A) IMMEDIATE CAUSE		30 min
DUE TO, OR AS A CONSEQUENCE OF:	Pelvic thromboses or leg vein thromboses	5 days
(B)		
DUE TO, OR AS A CONSEQUENCE OF:	Metastatic penile carcinoma, post operative	5 days
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	None	

19A. DATE OF OPERATION: Aug 4, 1969

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Penile carcinoma

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): None

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 12:30 AM Aug 10 1969 to 10:00 AM Aug 10 1969 that (I) (we) last saw the deceased alive on Aug 10 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas E Davis, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Aug 10, 1969

23C. PHYSICIAN'S NAME (Type): Thomas E. Davis, M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8/15/69

24C. NAME of CEMETERY or CREMATORY: Mt. Hope Baptist Church Cem.

24D. LOCATION (City, town, or county) (State): CHARLES CO., MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 15 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: MONTGOMERY BROS. FH.

ADDRESS: 789 RENNEDY ST, N.W WASHINGTON, DC

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Oslery 134 23 KEYS, AUGUS 10

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B-260 69 8215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8215

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES BOOKER

2. DATE AND HOUR OF DEATH: 8/14/69 9:10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 10-02

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1321 E. EAGER ST.

5. SEX: MALE

6. RACE: NEGRO

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 4-3-12

9. AGE (In years last birthday): 57

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian

10B. KIND OF BUSINESS OR INDUSTRY: W.F.B.R

11. BIRTHPLACE (State or foreign country): GA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Viola

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Carrie C. Dent

ADDRESS: 26 E. Loyola Northway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 199.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory failure

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Metastatic Carcinoma

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Approx.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/3 1969 to 8/14 1969 that (I) (we) last saw the deceased alive on 8/14 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Seral M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 8/14

23C. PHYSICIAN'S NAME (Type): R. SERAL M.D. DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8/18/69

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary

24D. LOCATION (City, town, or county) (State): P.G. County, Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Joseph [illegible]

ADDRESS: 1304 N. [illegible]

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-532 69 8216

REG. NO. 69 8216

1. NAME OF DECEASED (Type or Print): WILLIAM MONTAGUE

2. DATE AND HOUR OF DEATH: 8-13-69 | 9:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTO. GENERAL HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: BALTO 23-01

C. CITY OR TOWN: BALTO.

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1404 HANOVER ST.

5. SEX: MALE

6. RACE: CAUC

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10/27/90

9. AGE (In years last birthday): 78

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN

10B. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): BALTO. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN MONTAGUE

14. MOTHER'S MAIDEN NAME: EMMA FITZPATRICK

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-09-8449

17. INFORMANT: PT's HOSPITAL CHART ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: MINS

DUE TO, OR AS A CONSEQUENCE OF:

(B) Chronic Renal Failure — YRS

DUE TO, OR AS A CONSEQUENCE OF:

(C) Partial Int. Obst — MNS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-[illegible] 19 69 to 8-13 19 69 that (I) (we) last saw the deceased alive on 8/13 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald M. Wood MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8/13/69

23C. PHYSICIAN'S NAME (Type): DONALD M. WOOD, M.D. DEGREE

23D. ADDRESS: SOUTH BALTO GEN. HOSP

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/16/69

24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery

24D. LOCATION (City, town, or county) (State): North Ave. Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969

25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.

25C. FUNERAL DIRECTOR: KRAUSE FUNERAL HOME ADDRESS: 1216 S. Charles St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

P-355 69 8217

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8217

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sherry June Putman	2. DATE OF DEATH — Known ☒ Estimated ☐ — Month 8, Day 16, Year 69, Hour 4:20 a.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4411 Mainfield Ave.	3. DATE PRONOUNCED DEAD — Month 8, Day 16, Year 69, Hour 4:20 a.m.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: 27-02
6. SEX: female — 7. RACE: white — 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH: 10-18-1946 — 10. AGE (In years last birthday): 22 — If Under 1 Yr. Months, Days; If Under 24 Hrs. Hours, Min.	E. STREET AND NUMBER: 4411 Mainfield Ave.
11. BIRTHPLACE (State or foreign country): Sunbury, Pa. — 12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME: Leon Fasold
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk — 14B. KIND OF BUSINESS OR INDUSTRY: -------	15. MOTHER'S MAIDEN NAME: Jane Brosius
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): ---------- — 17. SOCIAL SECURITY NO. 178-36-1772	18. INFORMANT: Lewis Fasold — ADDRESS: 105 Catawissa Ave. Sunbury, Pa.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E966X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Stab wound of chest

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4411 Mainfield Ave. 27-02
22D. TIME OF INJURY (APPROX.) (Month) 8 (Day) 16 (Year) 69 (Hour) ? a.m.	22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR? stabbed during altercation

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ ASSOCIATE MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner — DATE SIGNED: 8/16/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 8-19-1969	24C. NAME of CEMETERY or CREMATORY: Lutheran Cem.	24D. LOCATION (City, town, or county) (State): Sunbury, Pa.
25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969	25B. NAME OF REGISTRAR: Robert E. Faber, M.D.	25C. FUNERAL DIRECTOR: Wm. Cook-Brooks	ADDRESS: Towson, 1050 York Rd. 21204

VS 151-REV. 7/1/68

N 879,9590 0 0 0 8 2 0 5

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. V-340 69 8218 REG. NO. 69 8218

1. NAME OF DECEASED (Type or Print): Vitale, Josephine

2. DATE AND HOUR OF DEATH: Aug. 14, 1969 10:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 53-00
C. CITY OR TOWN: Baltimore C D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 6929 Holabird Ave.

5. SEX: F 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 7/4/92 9. AGE (In years last birthday): 77 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House wife 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Italy 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Vincent Cammarata 14. MOTHER'S MAIDEN NAME: Clementine Trionfo?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: 213-28-5903 17. INFORMANT: Frank ~~Vitale~~ ADDRESS: 6929 Holabird Ave. Dundalk, Md. 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: GI neoplasm — 3 months
DUE TO, OR AS A CONSEQUENCE OF: —
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). —

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — 20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): — 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from Aug. 14 1969 to Aug. 14 1969 that (I) (we) last saw the deceased alive on Aug. 14 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John S. Graber, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ — 23B. DATE SIGNED: 8/14/69

23C. PHYSICIAN'S NAME (Type): John D. Graber DEGREE — 23D. ADDRESS: 1001 J Pleasant Oaks Rd. Balt., Md. 21234

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8/18/69 24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: John J. Duda ADDRESS: 7922 Wise Ave. Dundalk, Md 21222

VS 150-REV. 1/1/68

0206

B-631 69 8219

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8219

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BREITBART, AARON

2. DATE AND HOUR OF DEATH: 15 August 69 | 2:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: SINAI Hospital BALTIMORE MARYLAND
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE (Harford Co 62-24)
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 621 CHAPEL TERRACE DRIVE #21078

5. SEX: Male
6. RACE: ~~C~~ WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6/3/12
9. AGE (In years last birthday): 57
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CANTOR
10B. KIND OF BUSINESS OR INDUSTRY: Clergman
11. BIRTHPLACE (State or foreign country): Lodz, Poland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: (Living) Benjamin Breitbart
14. MOTHER'S MAIDEN NAME: Late Gela geliebter

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
If yes, give war or dates of service:
16. SOCIAL SECURITY NO.: 059-09-4992
17. INFORMANT: Mrs. Marie Breitbart
ADDRESS: Havre de Grace, Md / 621 Chapel Terrace

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Septicaemia ↓WCC	5 days
DUE TO, OR AS A CONSEQUENCE OF: (B)	Thiotepa Cytotoxic drugs	13 days
DUE TO, OR AS A CONSEQUENCE OF: (C)	Metastatic Ca. of the URETER	1 yr.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4 August 1969 to 15 Aug 1969 that (I) (we) last saw the deceased alive on 14 Aug 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael Levin M.D. DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 15 Aug 69
23C. PHYSICIAN'S NAME (Type): Michael Levin DEGREE
23D. ADDRESS: 3501 St. Paul Street

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: Aug. 15/69
24C. NAME of CEMETERY or CREMATORY: Cedar Park
24D. LOCATION (City, town, or county) (State): Pararmus, New Jersey

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Sol. Levinson & Bros Inc.
ADDRESS: 6010 REist. Road

VS 150-REV. 1/1/68

B-420 69 8220

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8220

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): ESTELLA (STELLA) BLOCK

2. DATE AND HOUR OF DEATH: 8-14-69 | 8 05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL of BALTO

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 27-40

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3306 GLEN AVE.

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 5-15-1900 9. AGE (In years last birthday): 69 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): IRELAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MORRIS CAVALIER

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-16-9015

17. INFORMANT: MR. DANIEL ROSEMAN ADDRESS: 3909 LAUSANNE ROAD #21133

MEDICAL CERTIFICATION

18. 410.9 + 250.9

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ARRHYTHMIA

DUE TO, OR AS A CONSEQUENCE OF:

(B) MYOCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF:

(C) ARTERIOSCLEROTIC VASC. DISEASE

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): DIABETES

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUG. 14 19 69 to AUG 14 19 69 that (I) (we) last saw the deceased alive on AUG. 14 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Bodenheimer, M.D. DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): M. BODENHEIMER DEGREE

23D. ADDRESS: SINAI HOSPITAL of BALTO.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 8-15-69 24C. NAME of CEMETERY or CREMATORY: MIKRO KODESH BETH ISRAEL 24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969 25B. NAME OF REGISTRAR: Robert E. Talbey, M.D. 25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

69 0 0 0 8 2 0 0

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-300 69 8221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8221

1. NAME OF DECEASED (Type or Print): Ruddie - Jacob z.

2. DATE AND HOUR OF DEATH: 8-14-69 | 12 85 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai hospital 421

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: maryland B. COUNTY: Baltimore 27-19
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5812 - Gist Ave - # 15

5. SEX: Male
6. RACE: Cocasion
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-15-97
9. AGE (In years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCH ~~RESTAURANT~~
10B. KIND OF BUSINESS OR INDUSTRY: ~~SUBWAY~~ RETAIL
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: max - Roody
14. MOTHER'S MAIDEN NAME: Rose FRIEDMAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 218322571
17. INFORMANT: MRS. ETHEL RUDDIE, ADDRESS: 5812 GIST AVENUE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hepatic Coma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 Hours
DUE TO, OR AS A CONSEQUENCE OF:

(B) Metastatic - cancer
DUE TO, OR AS A CONSEQUENCE OF:

(C) — 8 months

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to ____ 19__ that (I) (we) last saw the deceased alive on 12 noon 1969-14-8 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Hoorazar M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-14-69
23C. PHYSICIAN'S NAME (Type): R. HOORAZAR. M.D. DEGREE
23D. ADDRESS: Sinai hospital - Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-15-69
24C. NAME of CEMETERY or CREMATORY: ADATH ISRAEL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Tabey M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

C-500

BIRTH NO. 69 8222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8222

1. NAME OF DECEASED (Type or Print): Cohen, Mr. Benjamin E.

2. DATE AND HOUR OF DEATH: August 14, 1969 | 9:10a.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Keswick 700 West 40th Street, Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: Maryland, Baltimore City 13-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: ESPLANADE APTS., APT. 3 G

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] DIVORCED [ ]
8. DATE OF BIRTH: 9/23/71
9. AGE (In years last birthday): 97
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: RETAIL
11. BIRTHPLACE (State or foreign country): BALTIMORE Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ELEAZER ~~Eleazer~~ Cohen
14. MOTHER'S MAIDEN NAME: EMMA ~~Alma~~ Frank

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 348-16-7190
17. INFORMANT: MR. EDWARD PUTZEL, 303 FIRST NAT. BANK BLDG. ~~Miss Felicia Boyer~~
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
418.9	(A) IMMEDIATE CAUSE Coronary Artery Thrombosis	None
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Atherosclerotic Cardiovascular Disease	7 yrs
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 28 Feb 1963 to 14 Aug 1969, that (I) (we) last saw the deceased alive on 14 Aug 1969 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Aubrey D. Richardson DEGREE
Attending Phys. [ ] Med. Director [✓] Staff Phys. [ ]
23B. DATE SIGNED: 14 Aug 1969
23C. PHYSICIAN'S NAME (Type): Dr. Aubrey D. Richardson DEGREE
23D. ADDRESS: Keswick, 700 West 40th Street, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-15-69
24C. NAME of CEMETERY or CREMATORY: NEW CATHEDRAL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-345 69 8223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8223

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ABRAHAM ISIDORE STELMACH

2. DATE AND HOUR OF DEATH: AUGUST 14, 1969 | 10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JEWISH CONVELESANT HOME

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 53.00

C. CITY OR TOWN: BALTIMORE (W)

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 6982 MILBROOK PARK DRIVE, APT. 2 C

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: AUGUST 20, 1903

9. AGE (In years last birthday): 65

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10B. KIND OF BUSINESS OR INDUSTRY: RETAIL

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB STELMACH

14. MOTHER'S MAIDEN NAME: SCHAINDEL EISENBERG

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES

(If yes, give war or dates of service): W.W. II ARMY

16. SOCIAL SECURITY NO.: 218-14-8660

17. INFORMANT: MRS. MAY MILLER, 6982 MILBROOK PK. DR., APT. 2C

ADDRESS

MEDICAL CERTIFICATION

18. 1621

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Carcinoma of left lung

DUE TO, OR AS A CONSEQUENCE OF: with metastases to brain and spinal cord

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Feb 13, 1969

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): none

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from February 13 1969 to August 14 1969, that (I) (we) last saw the deceased alive on August 14 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Milton E. Lowman DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8-14-69

23C. PHYSICIAN'S NAME (Type): MILTON LOWMAN DEGREE

23D. ADDRESS: 1401 REISTERSTOWN ROAD Balto 21208 Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8-15-69

24C. NAME of CEMETERY or CREMATORY: HEBREW YOUNG MEN

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

ADDRESS

0 0 0 8 2 1 1

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-250

BIRTH NO. 69 8224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8224

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Samuel Bassin

2. DATE AND HOUR OF DEATH: 8/12/69 ~~8:55 PM~~ 8:55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL
33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: FLORIDA
B. COUNTY: V-08
C. CITY OR TOWN: MIAMI BEACH
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 8129 ABBOTT AVE.

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: OCT. 15, 1889
9. AGE (In years last birthday): 79
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PROPRIETOR
10B. KIND OF BUSINESS OR INDUSTRY: REAL ESTATE
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ABRAHAM BASSIN
14. MOTHER'S MAIDEN NAME: ELIZABETH ~~XXXXXXX~~
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. LOUIS BERLIN
ADDRESS: 6606 PK. HGHTS. AVE., APT. 309

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Embolus — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 hours
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
~~COPD~~ Chronic lung + heart dis — 1½ years

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 1 1969 to August 8 1969 that (I) (we) last saw the deceased alive on August 12 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas D. Griggs MD — DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Aug 8, 1969
23C. PHYSICIAN'S NAME (Type): THOMAS D. GRIGGS M.D., DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-14-69
24C. NAME of CEMETERY or CREMATORY: PROGRESSIVE SICK BENEFIT & RELIEF ASSN.
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Jabez E. Jabez, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

J-520 69 8225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 69 8225

1. NAME OF DECEASED (Type or Print): Johns, Douglas

2. DATE AND HOUR OF DEATH: 8-11-69 12 30 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: St. Agnes Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Caton & Wilkens Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 25-34

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2 Bristol Ave.

5. SEX: M

6. RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5-11-07

9. AGE (In years last birthday): 62

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainance

10B. KIND OF BUSINESS OR INDUSTRY: Davison Chemical Co.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Johns

14. MOTHER'S MAIDEN NAME: Lila Duff

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-18-3916

17. INFORMANT: Mrs. Sadie E. Johns

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ca metastatic of the lung.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H. Shams, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: August 11, 1969

23C. PHYSICIAN'S NAME (Type): H. Shams DEGREE

23D. ADDRESS: St. Agnes Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-14-69

24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Park

24D. LOCATION (City, town, or county) (State): Glen Burnie, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969

25B. NAME OF REGISTRAR: Robert E. Tabey M.D.

25C. FUNERAL DIRECTOR: George J. Gonce

ADDRESS: 4001 Ritchie Hgy. 21225

1969 000 8225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

4

BIRTH NO. H-500 69 8226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8226

1. NAME OF DECEASED (Type or Print): Joseph C. Heim

2. DATE AND HOUR OF DEATH: 8-10-69 | 6:10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Franklin Square Hospital 36

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore, Md. B. COUNTY: 23-021
C. CITY OR TOWN: Baltimore, Md. D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1430 Marshall St.

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Jan. 3, 1910
9. AGE (In years last birthday): 59
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10B. KIND OF BUSINESS OR INDUSTRY: Candy Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles J. Heim
14. MOTHER'S MAIDEN NAME: Welke
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-05-2264
17. INFORMANT: Mrs. Clara E. Heim ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Left Lower Lobe Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pulmonary Embolism — 1 week
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 21
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 7 1969 to Aug 10 1969 that (I) (we) last saw the deceased alive on Aug 10 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Morris B. Schreiber DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8-11-69
23C. PHYSICIAN'S NAME (Type): MORRIS B. SCHREIBER MD DEGREE
23D. ADDRESS: 1519 W. Lombard St. Baltimore, Md. 21223

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-14-69
24C. NAME of CEMETERY or CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 1422 Light St. 21230

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-362 69 8227 REG. NO. 69 8227

1. NAME OF DECEASED (Type or Print): IRVIN DIETERICH

2. DATE AND HOUR OF DEATH: 8/15/69 8:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Belvedere + Greenspring Aves Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Maryland (City) Baltimore Balto 53-00
C. CITY OR TOWN: Frederick, Md.
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2210 St. Lukes Lane

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/15/01
9. AGE (In years last birthday): 67 yrs.
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10B. KIND OF BUSINESS OR INDUSTRY: Retaired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Dieterich
14. MOTHER'S MAIDEN NAME: Marquerite (Kunert)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-09-4938
17. INFORMANT: Mildred E. Dieterich
ADDRESS: 2210 St. Lukes Lane 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 DAY
DUE TO, OR AS A CONSEQUENCE OF:
(B) RENAL FAILURE — 12 DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(C) POST-RESECTION OF ABD. ANEURYSM — 15 DAYS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 7/31/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ABDOMINAL ANEURYSM
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/25/69 19 to 8/15/69 19 that (I) (we) last saw the deceased alive on 8/15/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Paul B. Loh, M.D. DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/15/69
23C. PHYSICIAN'S NAME (Type): PAUL B. LOH, M.D. DEGREE
23D. ADDRESS: 3502 W. ROGERS AVE., BALTO. 21215

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 18, 69
24C. NAME of CEMETERY or CREMATORY: Mount Olive Cemetery
24D. LOCATION (City, town, or county) (State): Randallstown, Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Loring Byers
ADDRESS: 8728 Liberty Road 21133

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8228

BIRTH NO. M-460 69 8228

1. NAME OF DECEASED (Type or Print): Martha Amanda Miller

2. DATE AND HOUR OF DEATH: 8.13.69. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital of Maryland.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 27-17

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 5326 Maple Avenue

5. SEX: Female

6. RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 9/14/91

9. AGE (In years if over 1 birthday): 77 yrs

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10B. KIND OF BUSINESS OR INDUSTRY: ———

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William W. Wholey

14. MOTHER'S MAIDEN NAME: Mary Sindia Barnhardt

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-24-7078

17. INFORMANT: Maltie Peoples ADDRESS: 5326 Maple Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Heart Failure (ASCHD)

DUE TO, OR AS A CONSEQUENCE OF: Generalized Anasarca

(B) Ch. Electrolyte Disturbances.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Pneumonia, C.C.F., Uraemia

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7. 16. 1969 to 8. 13. 1969, that (I) (we) last saw the deceased alive on 8. 13. 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8/13/69

23C. PHYSICIAN'S NAME (Type): ZAHEER AHMAD KHAN DEGREE

23D. ADDRESS: c/o Lutheran Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/15/69

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969

25B. NAME OF REGISTRAR: Robert E. Jakey, M.D.

25C. FUNERAL DIRECTOR: J. E. Lowell Lemmon ADDRESS: 4611 Park Heights Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-260 69 8229

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8229

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): RUGGIERO, Joseph

2. DATE AND HOUR OF DEATH: August 12, 1969 | 10:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto Co 53.00
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 7600 Eastern Avenue

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/24/03
9. AGE (In years last birthday): 66 | If Under 1 Yr. Months: Days | If Under 24 Hrs. Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REST. OWNER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: VITO RUGGIERO
14. MOTHER'S MAIDEN NAME: MARGARET TARTAGLIA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-32-0494
17. INFORMANT: LAURA RUGGIERO ADDRESS: ABOVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 422.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARRYTHYMIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO, OR AS A CONSEQUENCE OF:

(B) INTRACTIBLE CONGESTIVE HEART FAILURE — 2 months

DUE TO, OR AS A CONSEQUENCE OF:

(C) UNKNOWN ETIOLOGY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/9/69 19 to 8/12/ 19 69 that (I) (we) last saw the deceased alive on 8/12/ 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: N Adkinson Jr MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/22/69
23C. PHYSICIAN'S NAME (Type): N. F. Adkinson, Jr., M. D. DEGREE
23D. ADDRESS: Johns Hopkins Hospital Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/16/69
24C. NAME of CEMETERY or CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Jacob E. Yaffey, M.D.
25C. FUNERAL DIRECTOR: J.G. CONNELLY SONS ADDRESS: 300 MACE

VS 150-REV. 1/1/68

1

M-235 69 8230

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8230

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT MC DONALD

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: August, Day: 13, Year: 1969, Hour: 1:30 P.M.

3. DATE PRONOUNCED DEAD — Month: August, Day: 13, Year: 1969, Hour: 1:30 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: BALTO 53-00

6. SEX: Male
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [✓]

9. DATE OF BIRTH: 8/16/47
10. AGE (In years last birthday): 21
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 7721-B E. BALTO. ST

11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN R. McDONALD

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSTALLER
14B. KIND OF BUSINESS OR INDUSTRY: ELECTRIC
15. MOTHER'S MAIDEN NAME: CATHERINE BURKE

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 224-68-0559
18. INFORMANT: JOHN McDONALD — ADDRESS: ABOVE

MEDICAL CERTIFICATION

19. E883X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Fracture dislocation of cervical spine with spinal cord injury
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 6-29-69
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Compression of spinal cord
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): water
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Bowley's Quarter - Baltimore County 53-00

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 6-29-69 1:25 P.m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Dived into shallow water

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: August 14, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/18/69
24C. NAME of CEMETERY or CREMATORY: SACRED HEART
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: J.G. CONNELLY SONS — ADDRESS: 300 MACE

VS 151-REV. 1/1/68 N 80618 3900082 10

R-000 69 8231

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8231

1. NAME OF DECEASED (Type or Print): RAE JULIA — Julia Ann Rae

2. DATE AND HOUR OF DEATH: Aug 13-1969 | 1010 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Allegany 51-02
C. CITY OR TOWN: Cumberland
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 526 Woodside Ave

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-30-60
9. AGE (In years last birthday): 9
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY: Ele. School
11. BIRTHPLACE (State or foreign country): Cumberland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John RAE
14. MOTHER'S MAIDEN NAME: VINNIX Margaret Binnix

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Subarachnoid Hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:
(B) Aneurisma
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8-6-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: above condition
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 6 19 69 to Aug 13 1969 that (I) (we) last saw the deceased alive on Aug 12 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Daniel H Lehrer MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Aug 13-1969
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: University Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-14-69
24C. NAME of CEMETERY or CREMATORY: Davis Memorial Cemetery
24D. LOCATION (City, town, or county) (State): Cumberland, Allegany, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: James F. Scarpelli
ADDRESS: Cumberland, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

J-520 69 8232

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

X

REG. NO. 69 8232

BIRTH NO.

43

1. NAME OF DECEASED (Type or Print)	R. Alfred Jones
2. DATE OF DEATH — Known ☒ Estimated ☐	Month 8 Day 15 Year 69 Hour 6:15 p. M.
3. DATE PRONOUNCED DEAD	Month 8 Day 15 Year 69 Hour 6:15 p. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	South Baltimore General Hosp.
5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	G.A.C. 52-00
6. SEX	male
7. RACE	colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	
C. CITY OR TOWN	Baltimore
D. INSIDE CITY LIMITS?	YES ☐ NO ☐
9. DATE OF BIRTH	9-14-08
10. AGE (In years last birthday)	60
If Under 1 Yr. Months, Days, If Under 24 Hrs. Hours, Min.	
E. STREET AND NUMBER	308 Elizabeth Ave.
11. BIRTHPLACE (State or foreign country)	Virginia
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Robert Jones
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Engineer
14B. KIND OF BUSINESS OR INDUSTRY	
15. MOTHER'S MAIDEN NAME	Jane
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	No
17. SOCIAL SECURITY NO.	214-12-4206
18. INFORMANT	Mrs. Jean E. Jones
ADDRESS	308 Elizabeth Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Adeno-carcinoma of prostate

~~DUE TO, OR AS A CONSEQUENCE OF:~~ with metastases

*ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21. AUTOPSY? (Yes or No)	no
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
22F. HOW DID INJURY OCCUR?	

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED 8/16/69

24A. BURIAL CREMATION, REMOVAL (Specify)	Burial
24B. DATE	8-20-69
24C. NAME of CEMETERY or CREMATORY	Mt Auburn Cemetery
24D. LOCATION (City, town, or county) (State)	Balto., Md.
25A. DATE REC'D BY HEALTH DEPT.	AUG 18 1969
25B. NAME OF REGISTRAR	Robert E. Hartley, M.D.
25C. FUNERAL DIRECTOR	Wm C March
ADDRESS	928 E. North Ave.

VS 151-REV. 1/1/68

1 6 9 0 0 0 8 2 3 0

J-525 69 8233

BIRTH NO. 67-11378 D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8233

1. NAME OF DECEASED (Type or Print): SCHNELL JOHNSON

2. DATE AND HOUR OF DEATH: 8-15-69 | 7:10 A. M.

3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCEO DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSP.

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE 12-03
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2701 GUILFORD

5. SEX: F
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-13-67
9. AGE (In years last birthday): 2 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph E. Smith
14. MOTHER'S MAIDEN NAME: Yvonne Johnson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Margaret Johnson
ADDRESS: 2701 Guilford Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 hr
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) BILIARY ATRESIA — FROM BIRTH
DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 3 1969 to Aug 15 1969 that (I) (we) last saw the deceased alive on Aug 15 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. E. Arnold, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/15/69
23C. PHYSICIAN'S NAME (Type): J. E. ARNOLD, M.D. DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSP. BALT. MD.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/19/69
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel Cty., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Wm C. March
ADDRESS: 928 E. North Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

54-90-47JD

BIRTH NO. G-250 69 8234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8234

1. NAME OF DECEASED (Type or Print) Mrs. Anna Goschen

2. DATE AND HOUR OF DEATH 8-17-69 4:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Baltimore City hospitals
4940 Eastern Ave.
Baltimore, md. #21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland
B. COUNTY: 26-64
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3606 E. Fayette Street

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-16-08
9. AGE (In years last birthday): 61
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isidor Bucher
14. MOTHER'S MAIDEN NAME: Theresa M. Irlbacher

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: 4940 EasternAvenue ADDRESS: BCH Records: Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs
DUE TO, OR AS A CONSEQUENCE OF:

(B) Circulatory Shock — 36 hrs
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Hypertension; ASHD

19A. DATE OF OPERATION: 21
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8-16 19 69 to 8-17 19 69 that ~~(I)~~ (we) last saw the deceased alive on 8-17 19 69 and that ~~in (my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did) (did not)~~ did view the body after death.

23A. SIGNATURE: John R Brecht M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 8-17-69
23C. PHYSICIAN'S NAME (Type): JOHN R. BRECHTL DEGREE
23D. ADDRESS: Baltimore city hospitals 4940 Eastern ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-20-1969
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.
25C. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 1901-07 Eastern Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Isadore		Theresa				
Female	White	3-15-07	62	X		
					Street	
						X

BIRTH NO. H-632 69 8235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8235

1. NAME OF DECEASED (Type or Print): Gay I Hardesty

2. DATE AND HOUR OF DEATH: 14-Aug-69 | 1:13 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 53-00

C. CITY OR TOWN: Baltimore Co. D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 7873 St. Fabian Lane

5. SEX: Male 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11-10-32 9. AGE (In years last birthday): 36 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer 10B. KIND OF BUSINESS OR INDUSTRY: Canning Co.

11. BIRTHPLACE (State or foreign country): West Virginia 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Hardesty 14. MOTHER'S MAIDEN NAME: Corla Whitehair

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): X (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT: Browning F. H. ADDRESS: W. Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

E931.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Massive Liver Necrosis	1 week
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Probable Hepatitis, Serum	2 months
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Regional Enteritis — at least 3 years

19A. DATE OF OPERATION: June-69 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Regional Enteritis 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): — 21E. INJURY OCCURRED While At Work [ ] — Not While At Work [ ] 21F. HOW DID INJURY OCCUR? —

25-52

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 13 Aug 1969 to 14-Aug 1969 that (I) ~~(we)~~ last saw the deceased alive on 14-Aug 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Richard E Fisher M.D. DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 14-Aug-69

23C. PHYSICIAN'S NAME (Type): Richard E Fisher M.D. DEGREE 23D. ADDRESS: South Baltimore Gen Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8/18/69 24C. NAME OF CEMETERY OR CREMATORY: Maplewood Mem. Gardens 24D. LOCATION (City, town, or county) (State): W. Va.

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: [illegible] ADDRESS: Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-520 69 8236

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8236

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JEWEL I THOMAS

2. DATE AND HOUR OF DEATH: 2:45 AM 8/14/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: LUTHERAN HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 15-06

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2845 W. NORTH AVE.

5. SEX: FEMALE

6. RACE: N

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/4/20

9. AGE (In years last birthday): 49

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lee Allen Roane

14. MOTHER'S MAIDEN NAME: Francis P

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-26-5770

17. INFORMANT: Mr John F Thomas, same

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARCINOMA PANCREAS

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): ✓

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/27/69 19 to 8/14/69 19, that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: K Lwin DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8/14/69

23C. PHYSICIAN'S NAME (Type): DR KYI KYI LWIN DEGREE

23D. ADDRESS: LUTHERAN HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/18/69

24C. NAME of CEMETERY or CREMATORY: National Cemetry

24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Adolphus Halstead

ADDRESS: 1206 W North AVe

VS 150-REV. 1/1/68

9 6 9 0 0 0 8 2 2 4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-522 69 8237

REG. NO. 69 8237

1. NAME OF DECEASED (Type or Print): FRANK J. WANCOWICZ — Mr. Frank Wancowicz

2. DATE AND HOUR OF DEATH: 8/16/69 0620 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Md. Gen. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 618 S. Linwood ave.
C. CITY OR TOWN: Balto Md 24 D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 618 S. Linwood Avenue 1-02

5. SEX: Male
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-25-06
9. AGE (In years last birthday): 63
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator
10B. KIND OF BUSINESS OR INDUSTRY: Western Electric
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vincent Wancowicz
14. MOTHER'S MAIDEN NAME: Sophia Zak

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: 216-01-7097
17. INFORMANT: Mrs. Anna Wancowicz, 618 S. Linwood Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 159X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARCINOMATOSIS ~~Congestive Heart Failure~~

DUE TO, OR AS A CONSEQUENCE OF:

(B) PROBABLE GASTROINTESTINAL CA

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7/11/69 EXPLORATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: OBSTRUCTION
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/9/69, 19__ to 8/16, 1969 that (I) (we) last saw the deceased alive on 8/15, 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert J Wilensky MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/16/69
23C. PHYSICIAN'S NAME (Type): Robert J. Wilensky, M.D. DEGREE
23D. ADDRESS: Maryland General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/20/69
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: M. F. SADOWSKI & SONS, 1808 EASTERN AVE.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-300 69 8238

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8238

1. NAME OF DECEASED (Type or Print): Mattie R. White

2. DATE AND HOUR OF DEATH: 8/14/69 | 9:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore Gen Hosp. 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 23-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 918 Hanover St.

5. SEX: F
6. RACE: N
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10/25/03
9. AGE (In years last birthday): 66
If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham Matthews (Dec)
14. MOTHER'S MAIDEN NAME: Mary Catherine Conner (Dec)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-10-9543B
17. INFORMANT: Abraham Matthews, Brother
ADDRESS: 1058 Argyle Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Subarachnoid Hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Days
DUE TO, OR AS A CONSEQUENCE OF: Hypertensive Arteriosclerotic Cardiovascular Disease — years
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Chronic Renal Disease — years

19A. DATE OF OPERATION: /
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/9/1969 to 8/14/1969 that (I) (we) last saw the deceased alive on 8/14 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John A. Eaddy M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/14/69
23C. PHYSICIAN'S NAME (Type): John A. Eaddy M.D. DEGREE
23D. ADDRESS: South Baltimore Gen Hosp.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-19-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Tagley M.D.
25C. FUNERAL DIRECTOR: CHARLES A. RICE
ADDRESS: 661 W. Barre St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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S-365

BIRTH NO. 69 8239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8239

1. NAME OF DECEASED (Type or Print): William (STRAM) STRAN

2. DATE AND HOUR OF DEATH: 8/14/69 5:40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSITAL
38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 3-01
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 270 S. DALLAS ct.

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-19-98
9. AGE (In years last birthday): 71
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): VIRGINIA, U.S.A.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: KATIE STRAM
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 215-05-0148
17. INFORMANT: CARRIE STRAN — ADDRESS: 270 S. DALLAS ct. BALTIMORE, MARYLAND.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARCINOMA OF THE BLADDER — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years
DUE TO, OR AS A CONSEQUENCE OF: WITH SMALL BOWEL OBSTRUCTION
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8/8/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: INTESTINAL OBSTRUCTION
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/2/69 19 ___ to 8/14/69 19 ___ that (I) (we) last saw the deceased alive on 8/13/69 19 ___ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Cesar F. Climaco M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/14/69.
23C. PHYSICIAN'S NAME (Type): CESAR F. CLIMACO DEGREE
23D. ADDRESS: SOUTH BALTIMORE GENERAL HOSPITAL BALTIMORE, MARYLAND.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/18/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Charlesa Rice — ADDRESS: 661 W. Barre St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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69 8240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8240

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARION C. HUBER-STRITCH

2. DATE AND HOUR OF DEATH: 8/14/69 THUR. 4:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: UNION MEMORIAL HOSP.

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTO., MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: BALTO City - 21225

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3712 ST. MARGARET ST.

5. SEX: Female

6. RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/4/02

9. AGE (In years last birthday): (67) 67

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOSPITAL WORK

11. BIRTHPLACE (State or foreign country): N.Y.C., N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James A. Bowdin

14. MOTHER'S MAIDEN NAME: Helen D. Dowling

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): and - 215-09-4486

16. SOCIAL SECURITY NO.: 212-16-2483

17. INFORMANT: Stephen - Jiamarino - Jr.

ADDRESS: 719 - Belgian ave - Balto Md. 212-18

MEDICAL CERTIFICATION

18. 250.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cirrhosis of liver

DUE TO, OR AS A CONSEQUENCE OF:

(B) Diabetes Mellitus, Electrolyte

DUE TO, OR AS A CONSEQUENCE OF:

(C) IMBALANCE, Cirrhosis of liver

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/31 1969 to 8/14 1969 that (I) (we) last saw the deceased alive on 8/13 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harvey B. Sher M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8/14/69

23C. PHYSICIAN'S NAME (Type): HARVEY B. SHER M.D. DEGREE

23D. ADDRESS: C/O UNION MEMORIAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: AUG 18-69

24C. NAME OF CEMETERY or CREMATORY: BALTO. U.S. NATIONAL CEMETERY

24D. LOCATION (City, town, or county) (State): BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: CURTIS E. EVANS

ADDRESS: 1400 S. CHARLES ST. BALTO, MD. 21230

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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69 8241

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 8241 REG. NO.

1. NAME OF DECEASED (Type or Print): Jackson Jones

2. DATE OF DEATH: Known [X] Estimated [ ] Month 8 Day 17 Year 69 Hour 9:20 a.m.

3. DATE PRONOUNCED DEAD: Month 8 Day 17 Year 69 Hour 9:20 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1706 Ashland Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 7-04
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 1706 Ashland Ave.

6. SEX: male
7. RACE: colored
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: June 6,
10. AGE (In years last birthday): 74 ~~80~~
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): N. Carline
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Jones

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Hattie Palmer

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Sellie Manning ADDRESS: 1706 Ashland Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 4124

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Werner U. Spitz M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
Deputy Chief Medical Examiner
DATE SIGNED: 8/17/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cem
24D. LOCATION (City, town, or county) (State): A. A. County

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Gerald T. Elukeson
ADDRESS: 1129 N. Carline St.

VS 151-REV. 1/1/68

1969000 8229

D242 1

69 8242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 8242

REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Douglas, Walter.

2. DATE AND HOUR OF DEATH: 8-12-69 6 30 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 10-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 828 E. Eager St

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-12-99
9. AGE (In years last birthday): 70
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WALTER DOUGLAS
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 066 03 0285
17. INFORMANT: Wm. A. Cooper — ADDRESS: 832 E. Eager St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) sepsis, renal failure — 2 mos

DUE TO, OR AS A CONSEQUENCE OF:

(C) Ca stomach - post op

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). —

19A. DATE OF OPERATION: 6/10/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca stomach
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 6/6 1969 to 8/12 1969 that (I) (we) last saw the deceased alive on 8/12 @ 6 30 pm 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (didn't) view the body after death.

23A. SIGNATURE: Michael Jones, MD — DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/12/69
23C. PHYSICIAN'S NAME (Type): MICHAEL JONES, MD — DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL BALTIMORE, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/16/69
24C. NAME of CEMETERY or CREMATORY: MT. CALVARY CEMS
24D. LOCATION (City, town, or county) (State): A.A. COUNTY, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Walter C. Erickson
ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

50-02-14 MAS
W 623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8243

BIRTH NO. 69 8243

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): LILLIE MAY WRIGHT

2. DATE AND HOUR OF DEATH: 8-15-69 1:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITLAS 4940 Eastern Ave. BALTO. MS. 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 18-02
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1211 W. LEXINGTON ST. 21223 007

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-16-11
9. AGE (In years last birthday): 57
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN WRIGHT
14. MOTHER'S MAIDEN NAME: MAGALENE DREWRY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: BCH: RECORDS
ADDRESS: 4940 EASTERN AVE. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Chronic Uremia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Diabetes Mellitus
DUE TO, OR AS A CONSEQUENCE OF:
(C) Kimmelstiel-Wilson Kidney
(D) Iliofemoral Thrombophlebitis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Baltimore City Hospital
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8 12 69 P
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? Cerebrovascular accident. Patient fell to floor when she attempted to get out of bed

22. I certify that (I) (this hospital) attended the deceased from 7-7 1969 to 8-15 1969, that (I) (we) last saw the deceased alive on 8-15 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Wm. Lowell MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/15/69
23C. PHYSICIAN'S NAME (Type): WILLIAM LOWELL, M.D. DEGREE
23D. ADDRESS: BALTIMORE CITY HOSPITALS 4940 EASTERN AVE. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: 8/16/69
24C. NAME of CEMETERY or CREMATORY: PLEASANT GROVE
24D. LOCATION (City, town, or county) (State): ADAMS GROVE VIRGINIA

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Reuben Wilson
ADDRESS: 556-558 Halifax St. Emporia, Va.

CHIEF OR ASSISTANT MEDICAL EXAMINER'S CASE

VS 150-REV. 1/1/68

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S 53 D

69 8244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8244

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bessie Smith

2. DATE AND HOUR OF DEATH: 8/12/69 8 50 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Johns Hopkins Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 601 N Broadway Baltimore md
33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 15-06
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2900 Presbury St Balto 16, Md

5. SEX: F
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 12-29-98
9. AGE (In years last birthday): 70
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired, Custodian
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALT., MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown.
14. MOTHER'S MAIDEN NAME: Olivia Tongue

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216 44 3164
17. INFORMANT: Mildred Palmer
ADDRESS: 2900 Presbury St.

MEDICAL CERTIFICATION

18. 153.8 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Unknown, possible pulmonary embolus, or myocardial infarction. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15-20 min
DUE TO, OR AS A CONSEQUENCE OF:

(B) CARCINOMA of colon
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7-18-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CARCINOMA of COLON
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-17-69 19 to 8-12 19 69 that (I) (we) last saw the deceased alive on 8-12 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James R. Reynolds MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-12-69
23C. PHYSICIAN'S NAME (Type): James R. Reynolds M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-15-69
24C. NAME of CEMETERY or CREMATORY: National.
24D. LOCATION (City, town, or county) (State): Balto, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Fuller, M.D.
25C. FUNERAL DIRECTOR: Arlington S. Phillips
ADDRESS: 1727 N. Monroe

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B65

BIRTH NO. 69 8245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8245

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Louis H. Brown

2. DATE AND HOUR OF DEATH: 8/11/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-47
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3102 Windsor Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12/29/93
9. AGE (In years last birthday): 75
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Brown
14. MOTHER'S MAIDEN NAME: Annie Wright

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-07-9033-A
17. INFORMANT: Charles Brown — ADDRESS: 5314 Cordelia Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Coronary Atherosclerosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 + yrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertension
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): ND
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: White At Work [ ] Not White At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 19 65 to August 19 68, that (I) (we) last saw the deceased alive on Aug 19 68 and that it (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Aug. 13, 69
23C. PHYSICIAN'S NAME (Type): Arlington DEGREE
23D. ADDRESS: 848 Harlem Ave Baltimore Md 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/15/69
24C. NAME of CEMETERY or CREMATORY: Carver Memorial
24D. LOCATION (City, town, or county) (State): Laurel Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Jones, M.D.
25C. FUNERAL DIRECTOR: Arlington S. Phillips — ADDRESS: 1727 N. Monroe Stree

969 0 0 8 3 3

VS 150-REV. 1/1/68

1

B-650 69 8246

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8246

BIRTH NO. M000

1. NAME OF DECEASED (Type or Print)	DOROTHY MAE BROWN (Mayo)
2. DATE OF DEATH	Known [X] Estimated [ ] Month August Day 13 Year 1969 Hour M.
3. DATE PRONOUNCED DEAD	Month August Day 13 Year 1969 Hour 7:20 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION	00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	233 Spring Court S.
5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	3-01
6. SEX	Female
7. RACE	Negro
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
C. CITY OR TOWN	Baltimore
D. INSIDE CITY LIMITS?	YES [X] NO [ ]
9. DATE OF BIRTH	12-20-1936
10. AGE (In years last birthday)	32
If Under 1 Yr. Months / If Under 24 Hrs. Days / Hours / Min.	
E. STREET AND NUMBER	233 Spring Court S.
11. BIRTHPLACE (State or foreign country)	St. Stephens, S.C.
12. CITIZEN OF WHAT COUNTRY?	U.S.A.
13. FATHER'S NAME	Moses Brown
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	N/A
14B. KIND OF BUSINESS OR INDUSTRY	
15. MOTHER'S MAIDEN NAME	Hattie Brown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	No.
(If yes, give war or dates of service)	
17. SOCIAL SECURITY NO.	
18. INFORMANT	Mrs. Hattie Brown
ADDRESS	2240 Eutaw Place

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Epilepsy

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Chas S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: August 14, 1969

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	8-19-69	Mt. Auburn Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 18 1969	Robert E. Faber, M.D.	MORTON & DYETT F.H.	1701 Laurens St.

VS 151-REV. 1/1/68

1969 0 0 0 8 2 3 1

W-452 69 8247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8247

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELLA WILLIAMS

2. DATE AND HOUR OF DEATH: AUGUST 14, 1969 | 7:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSPITAL of Baltimore, INC.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 15-12
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2905 VIOLET AVE.

5. SEX: F
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6/14/15
9. AGE (In years last birthday): 54
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ~~Va~~, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: WM. MONTAGUE
14. MOTHER'S MAIDEN NAME: Hattie Montague
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Alice Brown
ADDRESS: 504 Bloom St.

MEDICAL CERTIFICATION

1B. 250.9

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	LEFT PERINEPHRIC ABSCESS	one month
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	DIABETES MELLITUS	(?)
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	LEFT. MIDDLE LOBE PNEUMONIA	one week

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7-19-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: PERINEPHRIC ABSCESS
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-14 1969 to 8/14 1969, that (I) (we) last saw the deceased alive on 8/14 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Leslie Abramowitz M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-14-69
23C. PHYSICIAN'S NAME (Type): Leslie Abramowitz, M.D. DEGREE
23D. ADDRESS: Sinai Hosp. of BALTIMORE.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/19/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Morton Dyett F.H.
ADDRESS: 1701 Laurens

VS 130-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

P-626 69 8248

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8248

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES PARKER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 13, Year 1969 Hour 8:00 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MARYLAND GENERAL HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 17-03

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 4-10-1928
10. AGE (In years last birthday): 41
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1310 Argyle Avenue

11. BIRTHPLACE (State or foreign country): Newberry, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Neice Parker

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N/A
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Zelma Parker

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 251-40-6840
18. INFORMANT: Mrs. Berthina Bulter ADDRESS: 1310 Argyle Ave

MEDICAL CERTIFICATION

19. E965X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Gunshot wound of chest

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 8/
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 814 Little Monument Street 17-01

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8-12-69 9:35 P.m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Gunshot wound of chest

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 8/13/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-18-69
24C. NAME of CEMETERY or CREMATORY: Baltimore Nat'l Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969 Robert E. Faber, M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens St.

VS 151-REV. 1/1/68

N 8251 1 3 7 0 0 0 8 2 3 6

S-164 69 8249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8249

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Spruill

2. DATE AND HOUR OF DEATH: 3:00 AM 8/16/69

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: SINAI HOSPITAL OF BALTIMORE

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD B. COUNTY: BALTIMORE 15-12

C. CITY OR TOWN:

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2326 DRUID PARK DRIVE #15

42

5. SEX: M

6. RACE: NEGRO

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 2/15/40

9. AGE (In years last birthday): 29

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schoolteacher

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NORTH Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Edward Spruill

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 245-64-9578

17. INFORMANT: Laufetta Spruill same ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PERITONITIS

DUE TO, OR AS A CONSEQUENCE OF: EXTENSIVE BOWEL GANGRENE

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) Vascular Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

444.2

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8/7/69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: PERITONITIS

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/6/69 19__ to 8/16 19 69 that (I) (we) last saw the deceased alive on 8/16 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: JSolman DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8/16/69

23C. PHYSICIAN'S NAME (Type): JOSEPH SOLIMAN MD. DEGREE

23D. ADDRESS: SINAI HOSP. BALT.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/20/69

24C. NAME of CEMETERY or CREMATORY: Family Plot

24D. LOCATION (City, town, or county) (State): Williamston, N C

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Morton & Dyett F H ADDRESS: Baltimore Md21217

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

VS 150-REV. 1/1/68

1

R-300 69 8250 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8250

BIRTH NO.

42/99

1. NAME OF DECEASED (Type or Print): PETER ALBERT ROTH

2. DATE OF DEATH: Known [X] Estimated [ ] Month August Day 13 Year 1969 Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 13 Year 1969 Hour 6:55 P M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 27-19
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4002 Mortimer Avenue 21215

6. SEX: Male
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
9. DATE OF BIRTH: June 13, 1890
10. AGE (In years last birthday): 79 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John W. Roth
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
14B. KIND OF BUSINESS OR INDUSTRY: Grounds Keeping
15. MOTHER'S MAIDEN NAME: Elizabeth Pettit
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service): - - -
17. SOCIAL SECURITY NO.: 212 34 8455
18. INFORMANT: Miss Frances B. Roth ADDRESS: 4002 Mortimer Avenue

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: August 14, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 16 AUG 69
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969 Robert E. Talbert M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: J. E. Lowell Lemmon ADDRESS: 4611 Park Heights Ave.

VS 151-REV. 1/1/68

1 6 9 0 0 0 8 2 3 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-356 69 8251

REG. NO. 69 8251

1. NAME OF DECEASED (Type or Print): John G. Buttner

2. DATE AND HOUR OF DEATH: Aug. 16, 1969 | 1:00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital DOA Baltimore, Md. 21218

44/99

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland 21218
B. COUNTY: 9-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 710 McKewin Avenue

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 5, 1896
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Sanitation Supply
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John G. Buttner, Sr.
14. MOTHER'S MAIDEN NAME: Maggie Beiters

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 212-090095
17. INFORMANT: Bessie M. Buttner (Wife) Same
ADDRESS:

MEDICAL CERTIFICATION

1B. 4/10/9

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Coronary occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10-15 minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic C.V.D

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Arthritis

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1948 to August 16 1969, that (I) (~~we~~) last saw the deceased alive on August 6 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: J. Henry Haase M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/16/69
23C. PHYSICIAN'S NAME (Type): J. Henry Haase M.D. DEGREE
23D. ADDRESS: 2926 S. Caton Avenue Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/19/69
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Eugenia K. Seitz
ADDRESS: 5209 York Rd. Seitz Funeral Home Balto. Md. 21212

1 9 6 9 0 0 8 2 5 1

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-623 69 8252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 69 8252

BIRTH NO. 69-14722

1. NAME OF DECEASED (Type or Print): Billy Eugene BABY BOY BURCHETT

2. DATE AND HOUR OF DEATH: 8-14-69 9:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: A.G. 52.00
C. CITY OR TOWN: ~~Baltimore~~ Pasadena
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1803 Poplar Ridge Rd.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-10-69
9. AGE (In years lost birthday): If Under 1 Yr. Months: Days: 3 Hours: 19 If Under 24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JAMES M. BURCHETT
14. MOTHER'S MAIDEN NAME: BARBARA DAVIS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: James M. Burchett ADDRESS: Same

MEDICAL CERTIFICATION

18. 7762.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: PULMONARY IMMATURITY

DUE TO, OR AS A CONSEQUENCE OF:

(B) PREMATURITY

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-10 1969 to 8-14 1969 that (I) (we) last saw the deceased alive on 8-14 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Felix L. Kaufman M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-14-69
23C. PHYSICIAN'S NAME (Type): FELIX L. KAUFMAN M.D. DEGREE
23D. ADDRESS: UNIVERSITY HOSP. BALTO., MD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-15-69
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: GEORGE J. GONCE ADDRESS: 4001 Ritchie Hgy Baltimore, Md. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-300 69 8253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8253

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anna C Wood

2. DATE AND HOUR OF DEATH: 8/11/69 1 30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore Gen Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 22-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 807 Light St

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 7/3/02
9. AGE (In years last birthday): 67
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid
10B. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Penna Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Craig (Dec)
14. MOTHER'S MAIDEN NAME: (Dec)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-10-7703A
17. INFORMANT: Mrs. Shipley (Friend) ADDRESS: Same

MEDICAL CERTIFICATION

18. I 410.9 250.9
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Myocardial Infarction — Days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Severe Arteriosclerotic Coronary Disease — years
DUE TO, OR AS A CONSEQUENCE OF:
(C) Peripheral Arteriosclerotic Dis. — years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Diabetes Mellitus — years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/25/ 1969 to 8/11 1969 that (I) (we) last saw the deceased alive on 8/11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John A Eaddy M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/11/69
23C. PHYSICIAN'S NAME (Type): John A. Eaddy M.D. DEGREE
23D. ADDRESS: South Baltimore Gen Hosp

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-16-69
24C. NAME of CEMETERY or CREMATORY: Hillcrest Burial Park
24D. LOCATION (City, town, or county) (State): Cumberland, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause of death was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-512 69 8254

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8254

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT O. THOMPSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour — August 13, 1969 8:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 40 E. 25th Street Apt.#C3

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 12-06
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 40 E. 25th Street Apt. #C3

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. DATE OF BIRTH: JUNE 17, 1921
10. AGE (In years last birthday): 48
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): FROSTBURG, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ROBERT L. THOMPSON
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CAB DRIVER
14B. KIND OF BUSINESS OR INDUSTRY: BALTO. CITY
15. MOTHER'S MAIDEN NAME: HELEN THOMAS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: MRS. HELEN THOMPSON ADDRESS: FROSTBURG, MD. 21532

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: 412.4 Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 20
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Chas S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
DATE SIGNED: August 14, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: AUG. 15 '69
24C. NAME of CEMETERY or CREMATORY: FBG. MEMORIAL PARK
24D. LOCATION (City, town, or county) (State): FROSTBURG, MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: JOSEPH R. DURST, SR., ADDRESS: FROSTBURG, MD. 21532

VS 151-REV. 1/1/68

1969 0 0 0 8 2 5 4

G-600 69 8255

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8255

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BELLE BOND GRAY

2. DATE AND HOUR OF DEATH: 8/15/69 11:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hosp.
44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: 12-02
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 29 W. St. Paul St.

5. SEX: F
6. RACE: C
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 8/18/90
9. AGE (In years lost birthday): 78. If Under 1 Yr. Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Saleslady
10B. KIND OF BUSINESS OR INDUSTRY: O'Neill's Dept. Store
11. BIRTHPLACE (State or foreign country): Union Bridge, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harvey H. Bond
14. MOTHER'S MAIDEN NAME: Ada L. Moore
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-10-4071A
17. INFORMANT: Mrs. Chas. M. Kesmodel ADDRESS: 2945 St. Paul St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Adeno Carcinoma of Colon
DUE TO, OR AS A CONSEQUENCE OF: metastasizing in the liver.
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

S.R. Gore MD

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 8/2 19 69 to 8/15 19 69, that (I) (~~we~~) last saw the deceased alive on 8/15 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: M.K. Beers MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/15/69
23C. PHYSICIAN'S NAME (Type): G.H.V. RIBERO MD DEGREE
23D. ADDRESS:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/18/69
24C. NAME of CEMETERY or CREMATORY: Mountain View Cemetery
24D. LOCATION (City, town, or county) (State): Union Bridge, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: Mitchell Weisfield ADDRESS: 6500 York Rd.

VS 150-REV. 1/1/68

1

H-560 69 8256 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 63-33419 REG. NO. 69 8256

37/99

1. NAME OF DECEASED (Type or Print): JEROME HONOR	2. DATE OF DEATH: Known [X] Estimated [ ] Month August Day 13 Year 1969 Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Hospital (DOA)	3. DATE PRONOUNCED DEAD: Month August Day 13 Year 1969 Hour 8:05 P M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 3-02
6. SEX: Male 7. RACE: Negro 8. MARITAL: MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
9. DATE OF BIRTH: 11-30-63 10. AGE (In years last birthday): 5 If Under 1 Yr. Months Days Hours Min.	E. STREET AND NUMBER: 127 S. Exeter Street
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME: J. W. Campbell
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME: Clara Honor
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT: Clara Honor ADDRESS: 127 S. Exeter Street

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Drowning

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): No
22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): water	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): off Pier #2 - South of Pratt Street
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8-13-69 m.	22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]	22F. HOW DID INJURY OCCUR? Fell into water

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: August 14, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 8-18-69	24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park	24D. LOCATION (City, town, or county) (State): Baltimore County, Maryland
25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969	25B. NAME OF REGISTRAR: Robert E. Farber, M.D.	25C. FUNERAL DIRECTOR: Herbert E. Nutter	ADDRESS: 3035 W. North Ave

VS 151-REV. 1/1/68 N 994 969 000 0214

W-300 69 8257

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8257

1. NAME OF DECEASED (Type or Print): WOOD, Roberta K.

2. DATE AND HOUR OF DEATH: 8-16-69 11 15 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital of Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Dukeland Nursing Home
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1501 N Dukeland St. 16-07

5. SEX: Female 6. RACE: Negro 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 8. DATE OF BIRTH: 4-20-99 9. AGE (In years last birthday): 70 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Thomas
14. MOTHER'S MAIDEN NAME: Melvina Maddin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-12-9124
17. INFORMANT: Mr. Richard Dawson ADDRESS: 3110 Leighton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: C.V.A — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 months
DUE TO, OR AS A CONSEQUENCE OF:
(B) C.V.A
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): –

19A. DATE OF OPERATION: –
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: –
20A. AUTOPSY? (Yes or No): –
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? –

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): –
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): –
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): –
21E. INJURY OCCURRED While At Work ☐ – Not While At Work ☐
21F. HOW DID INJURY OCCUR? –

22. I certify that (I) (this hospital) attended the deceased from 6-12- 1969 to 8-16- 1969, that (I) (we) last saw the deceased alive on 8-16- 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Kantilal J. Shah M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-16-69
23C. PHYSICIAN'S NAME (Type): Kantilal J. Shah M.D. DEGREE
23D. ADDRESS: Lutheran Hospital, Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Cumberland, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 18 1969
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Herbert E. Nutter ADDRESS: 3035 W. North Ave

VS 150-REV. 1/1/68

1969 0 0 8 2 1 5

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-413

BIRTH NO. 69 8258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8258

1. NAME OF DECEASED (Type or Print): Talbott, Mrs. Margaret E.

2. DATE AND HOUR OF DEATH: 8-15-69 9:20am M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Keswick Home, 700 West 40th Street, Baltimore, Maryland 21211

91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-44
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 3101 White Avenue

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-18-95
9. AGE (In years last birthday): 74
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10B. KIND OF BUSINESS OR INDUSTRY: Park Davis & Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Jefferson Talbott
14. MOTHER'S MAIDEN NAME: Bridget Burke

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-01-8718
17. INFORMANT: Mr. Charles Talbott ~~[illegible]~~ ADDRESS: ~~Keswick~~ (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

394.0

(A) IMMEDIATE CAUSE: Rheumatic Heart Disease with mitral Stenosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hemiplegia with Aphasia — 9 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 21 Feb 1968 to 15 Aug 1969, that (I) (we) last saw the deceased alive on 15 Aug 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Leeke J. Richardson M.D. DEGREE — Attending Phys. [ ] Med. Director [✓] Staff Phys. [ ]
23B. DATE SIGNED: 15 Aug 1969
23C. PHYSICIAN'S NAME (Type): A. Richardson M.D. DEGREE
23D. ADDRESS: Keswick

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/18/69.
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

1969 000 0216

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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D-320 69 8259

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8259

BIRTH NO.

1. NAME OF DECEASED (Type or Print): W Charles Deitz

2. DATE OF DEATH: Known ☒ Estimated ☐ — Month 8, Day 11, Year 69, Hour 11:50 P.M.

3. DATE PRONOUNCED DEAD: Month 8, Day 11, Year 69, Hour 11:50 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2115 St. Paul Place

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 12-06
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2320 N. Charles St.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Sept 3 1922
10. AGE (In years last birthday): 46 — If Under 1 Yr. or Under 24 Hrs. Months / Days / Hours / Min.

11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Elmer E Deitz

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner
14B. KIND OF BUSINESS OR INDUSTRY: Landscape
15. MOTHER'S MAIDEN NAME: Irene Fortney

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 204 03 0163
18. INFORMANT: Jane Lockte — ADDRESS: 2320 N Charles St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute peritonitis secondary to perforated duodenal ulcer

~~DUE TO, OR AS A CONSEQUENCE OF:~~

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Fatty alteration of liver

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 8/12/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-16-69
24C. NAME of CEMETERY or CREMATORY: Mag's Chapel Cem
24D. LOCATION (City, town, or county) (State): Baltimore Co Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Burnes Funeral Home — ADDRESS: Balto Md

VS 151-REV. 1/1/68

19690 04 Donald Baumer Jr

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L-420 69 8260

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8260

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LEONARD LYLES

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour — August 11, 1969 6:48 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2218 W. Fayette Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 20-02

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: AUG 17, 1915

10. AGE (In years last birthday): 54

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 2218 W. Fayette Street

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Lyles

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Store Clerk

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Annie Thomas

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.4

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 8/11/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8/15/69

24C. NAME of CEMETERY or CREMATORY: CARVER MEMORIAL PARK

24D. LOCATION (City, town, or county) (State): LAUREL, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS: ROCKVILLE, Md.

VS 151-REV. 7/1/68

9 6 9 0 0 0 8 2 6 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8261

BIRTH NO. L-656 69 8261

1. NAME OF DECEASED (Type or Print) (Fannie) FRANCES L. LARRIMORE

2. DATE AND HOUR OF DEATH: AUG. 15, 1969 2:05 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MARYLAND GENERAL HOSPITAL

48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD B. COUNTY: A.A.C. 52-00

C. CITY OR TOWN: LINTHICUM D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 520 DOGWOOD RD 21090

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 11-18-81 9. AGE (In years last birthday): 87 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD. Balto.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARRY BUTLER

14. MOTHER'S MAIDEN NAME: ARMANDT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216468067

17. INFORMANT: Mrs. Marie Macdonald ADDRESS: Linthicum, Md. 21090 520 Dogwood Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 WKS.

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 1 1969 to August 15 1969, that (I) (we) last saw the deceased alive on August 15 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard C. Keech MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: August 15, 69

23C. PHYSICIAN'S NAME (Type): RICHARD C. KEECH MD DEGREE

23D. ADDRESS: 827 Linden Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Aug. 18, 1969

24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969

25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.

25C. FUNERAL DIRECTOR: G. Truman Schwab ADDRESS: 3512 Frederick Ave, Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8262

BIRTH NO. Y-240 69 8262

1. NAME OF DECEASED (Type or Print): Yakel, MRS. Myr Tle O.

2. DATE AND HOUR OF DEATH: 8/15/69 5 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 134 Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balt. 20-08
C. CITY OR TOWN: Balt. 21229 D. INSIDE CITY LIMITS? YES [X] NO [✓]
E. STREET AND NUMBER: 437 Yale Avenue

5. SEX: F 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]

8. DATE OF BIRTH: 07/26/88 9. AGE (In years last birthday): 81 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mariner, Albert

14. MOTHER'S MAIDEN NAME: Annie ? M. Gutridge

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-05-7985

17. INFORMANT: Admission Sheet. ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 250.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertensive C.V.D.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Diabetes Mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Refused. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8.14.69 19 to 8.15.69 19, that ~~(I)~~ (we) last saw the deceased alive on 8.14.69 19 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (~~did~~) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓] 23B. DATE SIGNED: 8-15-69

23C. PHYSICIAN'S NAME (Type): DR BILAL AHMED QURESHI DEGREE 23D. ADDRESS: BON-SECOURS HOSPITAL BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: Aug. 18,1969 24C. NAME of CEMETERY or CREMATORY: Loudon National Cem. 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969 25B. NAME OF REGISTRAR: Robert E. Faber M.D. 25C. FUNERAL DIRECTOR: G. Truman Schwab ADDRESS: 3512 Frederick Ave. Balto. Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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W-325 69 8263

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8263

BIRTH NO.

44
99

1. NAME OF DECEASED (Type or Print): AUDREY WATKINS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 12 Year 1969 Hour 6:30 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 26-41

6. SEX: Female

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Mar. 15, 1926

10. AGE (In years last birthday): 43 47
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 5701 Anthony Avenue

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Tricka

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

14B. KIND OF BUSINESS OR INDUSTRY: State Roads Com.

15. MOTHER'S MAIDEN NAME: Josephine TRicka

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 219-16-7959

18. INFORMANT: Joseph F. Watkins ADDRESS: 5701 Anthony Ave.

MEDICAL CERTIFICATION

19. E950.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ingestion of Chloral Hydrate
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 5701 Anthony Avenue 26-41

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8-12-69 P.M.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Subj. ingested chloral hydrate

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 8/13/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-18-69

24C. NAME of CEMETERY or CREMATORY: Balto. National Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: John C. Miller Inc. ADDRESS: 6415 Belair Rd.-21206

VS 151-REV. 7/1/68

N 962,069 0 0 0 0 2 5 1

R-200 69 8264 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8264

BIRTH NO.

1. NAME OF DECEASED (Type or Print): RESCH, ROBERT JOHN.

2. DATE AND HOUR OF DEATH: 8-13-69. 1655 PM. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL GREENE + REDWOOD ST. BALT. MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY Howard Co
5161 Ilchester Road 63-00
C. CITY OR TOWN Ellicott City, MD 21043
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: AS ABOVE

5. SEX: M
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-8-11
9. AGE (In years last birthday): 58
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONSTRUCTION
10B. KIND OF BUSINESS OR INDUSTRY: BRICK LAYER
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: FRANK RESCH.
14. MOTHER'S MAIDEN NAME: DOROTHY KRAMER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: ROSE A. RESCH. ADDRESS: ELLIOTT CITY, MARYLAND 5161 ILCHESTER RD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: HEPATIC COMA. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7/24/69 → 8/13/69.

DUE TO, OR AS A CONSEQUENCE OF:

(B) ALCOHOLIC HEPATITIS, LANNEC'S CIRRHOSIS — "

DUE TO, OR AS A CONSEQUENCE OF:

(C) HEPATO-RENAL FAILURE — "

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): GRAM NEG. PERITONITIS — 8/17/69 → 8/13/69

19A. DATE OF OPERATION: 8/9/69 - 8/10/69.
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: TRACHEOSTOMY. GB DECOMPRESSION; RESP. DIFFICULTY
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/24 19 69 to 8/13 19 69 that (I) (we) last saw the deceased alive on 8/13 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Marguerite T. Moran MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/13/69
23C. PHYSICIAN'S NAME (Type): MARGUERITE T. MORAN M.D. DEGREE
23D. ADDRESS: UNIVERSITY HOSP.; BALT. MARYLAND.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-18-69
24C. NAME of CEMETERY or CREMATORY: ST MARYS
24D. LOCATION (City, town, or county) (State): Ilchester Howard Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Higinbotham-Slack ADDRESS: Ellicott City, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-532 69 8265

REG. NO. 69 8265

1. NAME OF DECEASED (Type or Print): JOSEPHINE LEWANDOWSKI (Doski)

2. DATE AND HOUR OF DEATH: AUG 16, 1969 7:45 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 LONG GREEN NURSING HOME 115 E. Melrose Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-49
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5313 Loch Raven Blvd.

5. SEX: female
6. RACE: caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: March 19, 1883
9. AGE (In years last birthday): 86
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Chmielewski
14. MOTHER'S MAIDEN NAME: Anna Noworgska

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-48-8541
17. INFORMANT: Miss Cecilia Lewandowski
ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CEREBRAL ARTERIOSCLEROSIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO, OR AS A CONSEQUENCE OF:

(B) GENERALIZED ARTERIOSCLEROSIS — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): DIABETES MELLITUS — 3 YRS

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (~~this hospital~~) attended the deceased from 8-11 1969 to 8-16 1969, that (I) (~~last~~) last saw the deceased alive on 8-13 1969 and that in (my) (~~last~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John M. Scott M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/16/69
23C. PHYSICIAN'S NAME (Type): JOHN M. SCOTT DEGREE
23D. ADDRESS: 600 W. BELVEDERE AVE, BALTIMORE 21210

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/20/69
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.-Balto, Md. - 14
ADDRESS

VS 150-REV. 1/1/68

9 0 0 0 8 2 5 3

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-656 69 8266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8266

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bernhardt, Paul William

2. DATE AND HOUR OF DEATH: 8/17/1969 1:30 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): North Charles General Hosp. 2724 N. Charles St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto. Co. 53-00
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 8402 Bayberry Rd

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12/11/89
9. AGE (In years last birthday): 79
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired--Baker
10B. KIND OF BUSINESS OR INDUSTRY: Germany
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman Bernhardt
14. MOTHER'S MAIDEN NAME: Louise Engelhardt

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217 28 0957
17. INFORMANT: Mrs. Annie Bernhardt ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: H.A.S.C.V.D.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/16 1969 to 8/17 1969, that (I) (we) last saw the deceased alive on 8/17/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: V. Chitraplee DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Aug. 17, 1969
23C. PHYSICIAN'S NAME (Type): V. CHITRAPLEE DEGREE
23D. ADDRESS: North Charles General Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/20/69
24C. NAME of CEMETERY or CREMATORY: Mt. Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Frederick, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Rock, Inc. ADDRESS: Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-642 69 8267

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8267

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JOHN E. BURLAGE . SR

2. DATE AND HOUR OF DEATH: AUG. 15, 69 | 11⁰⁰ A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY MARYLAND HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 53.00
C. CITY OR TOWN: PERRY HALL
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 4602 FORGE RD.

5. SEX: M
6. RACE: CAUC.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-20-07
9. AGE (In years last birthday): 62
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATER SHED PATROL
10B. KIND OF BUSINESS OR INDUSTRY: BALT. CITY WATER
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Burlage
14. MOTHER'S MAIDEN NAME: ANNA — Kelley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-14-0335
17. INFORMANT: BARBARA C. BURLAGE — ADDRESS: Same

MEDICAL CERTIFICATION

18. 4411

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: CEREBRAL ANOXIA — 12 hours
DUE TO, OR AS A CONSEQUENCE OF:
(B) Probable emboli from — 12 hours
DUE TO, OR AS A CONSEQUENCE OF:
(C) Ascending Aorta Aneurysm — 5

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): NONE

19A. DATE OF OPERATION: Aug 14-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Aneurysm
20A. AUTOPSY? (Yes or No): Yes.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-10 19 69 to 8-15 19 69 that (I) (we) last saw the deceased alive on 8/15 19 69 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did) (did not)~~ DID view the body after death.

23A. SIGNATURE: James M. Blackford MD — DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Aug 15-69
23C. PHYSICIAN'S NAME (Type): JAMES M. BLACKFORD MD — DEGREE
23D. ADDRESS: UNIV. MARYLAND HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/18/69
24C. NAME of CEMETERY or CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): BALTO. MD

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Chas. F. Evans & Son — ADDRESS: 8802 Harford Rd

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8268

BIRTH NO. G-435 69 8268

1. NAME OF DECEASED (Type or Print): ISRAEL GOLDMAN

2. DATE AND HOUR OF DEATH: AUGUST 15, 1969 | 10:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MT. SINAI NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 27-19

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3614 N. ROGERS AVENUE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH

9. AGE (In years last birthday): 77

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10B. KIND OF BUSINESS OR INDUSTRY: JEWELRY

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL GOLDMAN

14. MOTHER'S MAIDEN NAME: FANNIE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES

(If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.

17. INFORMANT: MR. BENJAMIN ADLER

ADDRESS: 5918 BERKELEY AVENUE

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 153.8

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Colon — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 mo

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B)

DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1946 19 to 8/15 19 69, that (I) (we) last saw the deceased alive on 8/15 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. A. Kallins MD DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8/16/69

23C. PHYSICIAN'S NAME (Type): EDWARD KALLINS DEGREE

23D. ADDRESS: 6000 PARK HEIGHTS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8-17-69

24C. NAME of CEMETERY or CREMATORY: BETH TFILOH

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN ROAD

8256

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. Z-453 69 8269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8269

1. NAME OF DECEASED (Type or Print): ZOLONTZ, IDA E.

2. DATE AND HOUR OF DEATH: 8/16/69 11.25' A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 15-12

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2526 Keyworth Avenue #15.

5. SEX: Female 6. RACE: WHITE 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: March 1896 9. AGE (In years last birthday): [redacted] 73 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): ~~Russia~~ Balto. Md. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Manuel B. Cohen 14. MOTHER'S MAIDEN NAME: ROse

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRs. Lee Mishner-, rs. ***** ADDRESS: 4225 Fallstaff Rc

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4123 + 199.0

(A) IMMEDIATE CAUSE: ARTERIOSCLEROTIC HEART DISEASE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Etiology unknown Cancer r, Pneumonia.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/5 1969 to 8/16 1969 that (I) (we) last saw the deceased alive on 8/16 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. Petsas M.D. DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8/16/69.

23C. PHYSICIAN'S NAME (Type): ANDREAS PETSAS M.D. DEGREE

23D. ADDRESS: SINAI HOSPITAL OF BALTIMORE.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Aug 17/69

24C. NAME of CEMETERY or CREMATORY: Tifereth Israel

24D. LOCATION (City, town, or county) (State): Rosedale, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Sol. Levinson & Bros Inc. ADDRESS: 6010 Reist. Road

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

C-420 69 8270

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8270

BIRTH NO.

44/99

1. NAME OF DECEASED (Type or Print): GROJNEM ~~GROJMEN~~ ~~CHLAWICKI~~ CHLEWICKI

2. DATE OF DEATH: Known ☒ Estimated ☐ — Month August, Day 15, Year 1969, Hour M.

3. DATE PRONOUNCED DEAD: Month August, Day 15, Year 1969, Hour 8:47 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland; B. COUNTY: 53-00

6. SEX: Male

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore Co

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 1-22-1913

10. AGE (In years last birthday): 56

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 6200 Robin Hill Road

11. BIRTHPLACE (State or foreign country): POLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

14B. KIND OF BUSINESS OR INDUSTRY: GROCERY STORE

15. MOTHER'S MAIDEN NAME: UNKNOWN

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: MRS. ROSE CHLEWICKI, ADDRESS: 6200 ROBIN HILL ROAD

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E965 X

(A) IMMEDIATE CAUSE: Gunshot wound of chest

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): store

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2300 Guilford 12-04

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8-15-69 about 8:30 A.m.

22E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR? Subject owner of store, shot during holdup

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Chas S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

DATE SIGNED: August 15, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8-17-69

24C. NAME of CEMETERY or CREMATORY: BETH TFILOH

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS. INC. ADDRESS: 6010 REISTERSTOWN ROAD, BALTIMORE 21215

VS 151-REV. 1/1/68

N 873,769 0 0 8 2 5 8

N-550 69 8271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8271

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Newman Beckie

2. DATE AND HOUR OF DEATH: 8-16-69 | 12 40 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Levindale Hebrew Home and Infirmary

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-17
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: Greenspring & Belvedere

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: [redacted]
9. AGE (In years last birthday): 96
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Julius Newman
14. MOTHER'S MAIDEN NAME: Ellen Sondheim

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Louis Fox - 7706
ADDRESS: Seven Mile Lane

MEDICAL CERTIFICATION

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Pulmonary infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPT 10 1963 to AUG 15 1969, that (I) (we) last saw the deceased alive on AUG 15 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E S Caplan MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/16/69
23C. PHYSICIAN'S NAME (Type): E. S. CAPLAN MD DEGREE
23D. ADDRESS: Levindale Aged Home

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/17/69
24C. NAME of CEMETERY or CREMATORY: Balto Hebrew Belair Rd
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: L. L. Levinson & Bros
ADDRESS: 6010 Reisterstown Rd

1969 0 0 0 8 2 9

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. O-361 69 8272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8272

1. NAME OF DECEASED (Type or Print): Betty Tsuyako Outerbridge

2. DATE AND HOUR OF DEATH: Aug. 17, 1969 9:45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Service Hospital, 3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto Co. 53-00
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1933 Penn Hall Rd.

5. SEX: F
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6/12/30
9. AGE (In years last birthday): 39
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Japan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chuhai Tonska
14. MOTHER'S MAIDEN NAME: Chicko ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218 48 5044
17. INFORMANT: Records- US PHS Hospital, Balto, Md. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrythmia — Approximate interval between onset and death: Minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) Probable myocardial scleroderma — Years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Pyelonephritis — Days

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 23 1969 to Aug. 17 1969 that (I)/(we) last saw the deceased alive on Aug. 17 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I)/(We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald E. Beaudoin MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/18/69
23C. PHYSICIAN'S NAME (Type): Donald E. Beaudoin, SA Surg (R) DEGREE
23D. ADDRESS: US PHS Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-21-1969
24C. NAME of CEMETERY or CREMATORY: HOLLY HILL
24D. LOCATION (City, town, or county) (State): BALTO. CO., MD

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Geo. Porter Bradley, Glenarden, Md.
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

RGB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8273

BIRTH NO. W-523 69 8273

1. NAME OF DECEASED (Type or Print): Wingate, Albert Lee

2. DATE AND HOUR OF DEATH: August 16, 1969 9:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: BALTIMORE B. COUNTY: MARYLAND

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 3824 Coldspring Lane

5. SEX: male 6. RACE: white 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11-11-05 9. AGE (In years last birthday): 63 ~~xxxx~~ If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Distributor

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert L. Wingate

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-07-7947

17. INFORMANT: Irma D. Wingate - Same ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ACUTE - MIOCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 16 19 69 to August 16 19 69, that (I) (we) last saw the deceased alive on NO 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: August 16, 1969

23C. PHYSICIAN'S NAME (Type): RUBEN DRINANSKI MD DEGREE

23D. ADDRESS: Sinai Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-19-69

24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969

25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.

25C. FUNERAL DIRECTOR: Armacost Funeral Chapel ADDRESS: 4600 Liberty Heights Avenue

0 0 0 8 2 6 1

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-262 69 8274

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8274

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Lillian W Jezierski

2. DATE AND HOUR OF DEATH: 16-Aug-69 | 8:23 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25-05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4700 Curtis Ave 21226

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 12-17-05
9. AGE (In years last birthday): 63
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10B. KIND OF BUSINESS OR INDUSTRY: Uniform
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: RAFFEL Rathcal Szymanowski
14. MOTHER'S MAIDEN NAME: Pelagia ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-05-7034
17. INFORMANT: Jerome O'BRACKI, 122 Wallace Ave — ADDRESS: -25-

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Disseminated Carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 months
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Hepatoma Probable Primary / 24 months
DUE TO, OR AS A CONSEQUENCE OF:

(C) Ch

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Cholecystitis — ~25 years

19A. DATE OF OPERATION: 9-June-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Exploratory laparotomy
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 22-May 1969 to 16-Aug 1969 that (I) (we) last saw the deceased alive on 16-Aug 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard E Fisher M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 16-Aug-69
23C. PHYSICIAN'S NAME (Type): Richard E Fisher M.D. DEGREE
23D. ADDRESS: South Balt. Gen. Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: Hah K Cross Cem.
24D. LOCATION (City, town, or county) (State): BALTO. 21225, MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.
25C. FUNERAL DIRECTOR: John W. RAHR F.H. — ADDRESS: 4200 Pennington Ave 21226

VS 150-REV. 1/1/68

B-620 69 8275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 69 8275

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BARRAS, ROBERT ARTHUR

2. DATE AND HOUR OF DEATH: AUGUST 13, 1969 | 7:50PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto Co 53-00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 140 NUNNERY LANE APT 3

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10 02 13
9. AGE (In years last birthday): 55
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SELF EMPLOYED
10B. KIND OF BUSINESS OR INDUSTRY: WELDING CO.
11. BIRTHPLACE (State or foreign country): NEBRASKA
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: MOLLIE ( )
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: ST AGNES HOSPITAL RECORDS
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	RESPIRATORY INSUFFIENCY	24 HOURS
DUE TO, OR AS A CONSEQUENCE OF:	NEOPLASTIC INVASION OF BOTH LUNGS	
(B)	PROBABLE SUPERIMPOSED PNEUMONITIS →	2-4 DAYS
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	CARCINOMA OF LUNG	3 YEARS

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from AUGUST 12 19 69 to AUGUST 13 19 69 that ~~I~~ (we) last saw the deceased alive on AUGUST 13 19 69 and that ~~In~~ (my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Julio Freijanes MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/13/1969
23C. PHYSICIAN'S NAME (Type): JULIO FREIJANES DEGREE
23D. ADDRESS: ST. AGNES HOSPITAL 1900 CATON AVE.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-16-69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Earle Gwynn
ADDRESS: 1 N Catonsville Md

VS 150-REV. 1/1/68

BIRTH NO. M-532 69 8276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8276

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Margaret Mentzel

2. DATE AND HOUR OF DEATH: Aug. 15, 1969 8 30 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5208 Wilton Heights

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-47
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3306 Elgin Ave.

5. SEX: female
6. RACE: white
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-29-1883
9. AGE (In years last birthday): 86
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence Mentzel
14. MOTHER'S MAIDEN NAME: Mary Borgalt

15. Was Decaasad Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Mr. T. Conway Matthews — ADDRESS: 10 Light St. 21202

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 429.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour?
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/24 1957 to 8/15 1969, that (I) (we) last saw the deceased alive on 8/12 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Robert A. Reiter MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/16/69
23C. PHYSICIAN'S NAME (Type): Robert A. Reiter, M.D. DEGREE
23D. ADDRESS: 606 Edmondson Ave. Baltimore Md. 21228

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-18-69
24C. NAME of CEMETERY or CREMATORY: Western
24D. LOCATION (City, town, or county) (State): Baltimore City Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.
25C. FUNERAL DIRECTOR: John T. Stansbury, Sr. — ADDRESS: 6411 Windsor Mill Rd.

VS 150-REV. 1/1/68

BIRTH NO. P-500 69 8277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8277

1. NAME OF DECEASED (Type or Print): CLARA PENNY

2. DATE AND HOUR OF DEATH: 8-14-69 2:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore Co 53-00

C. CITY OR TOWN: Locheran D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 3705 Cedar Dr.

5. SEX: female 6. RACE: white 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Aug. 9, 1890 9. AGE (In years last birthday): 79 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Covington, Ky. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William M. Lewis

14. MOTHER'S MAIDEN NAME: Carrie Chamberlain

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. John Hoyle Penny ADDRESS: 3705 Cedar Dr. 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cerebral embolism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 12 2

DUE TO, OR AS A CONSEQUENCE OF:

(B) Atrial fibrillation

DUE TO, OR AS A CONSEQUENCE OF:

(C) Hypertensive cardiovasc dis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 8-11 19 69 to 8-14 19 69 that ~~I~~ (we) last saw the deceased alive on 8-14-69 19 ____ and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: C. Limas DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 8-15-69

23C. PHYSICIAN'S NAME (Type): C. J. Limas DEGREE: 23D. ADDRESS: Mercy Hosp

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8/18/69 24C. NAME of CEMETERY or CREMATORY: Lorraine 24D. LOCATION (City, town, or county) (State): Woodlawn Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969 25B. NAME OF REGISTRAR: Robert E. Tabor M.D. 25C. FUNERAL DIRECTOR: John T. Stansbury, Sr. ADDRESS: 6411 Windsor Mill Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-543 69-14848 69 8278

REG. NO. 69 8278 4

1. NAME OF DECEASED (Type or Print): HAMLETT BABY GIRL

2. DATE AND HOUR OF DEATH: AUGUST 14, 1969 12:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 15-11

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3708 EGERTON RD 21215

5. SEX: FEMALE

6. RACE: NEGRO

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 08/13/69

9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 13 Min.: 44

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEW BORN

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: OLANDO HAMLETT

14. MOTHER'S MAIDEN NAME: MARIE (NEE HILL)

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ST. AGNES HOSPITAL RECORDS ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Bilateral

DUE TO, OR AS A CONSEQUENCE OF:

(B) Atelectasis of the lungs

DUE TO, OR AS A CONSEQUENCE OF:

(C) Prematurity

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 13 1969 to AUGUST 14 1969 that (I) (we) last saw the deceased alive on AUGUST 14 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Idelestro - Almo DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8/18/69

23C. PHYSICIAN'S NAME (Type): DR. DE CASTRO MD. DEGREE

23D. ADDRESS: BALTIMORE, MARYLAND 21229 ST AGNES HOSPITAL: EATON & WILKENS AVES.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-18-69

24C. NAME of CEMETERY or CREMATORY: Baltimore National

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Charles R. Law

ADDRESS: 802 Mad. Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-462 69 8279

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8279

1. NAME OF DECEASED (Type or Print): ALICE CLARK

2. DATE AND HOUR OF DEATH: 6:25 PM 8/16/69

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BALTIMORE
B. COUNTY: MARYLAND 15-01
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1032 N. CAREY STREET

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 1-26-97
9. AGE (In years last birthday): 72
If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM
14. MOTHER'S MAIDEN NAME: —

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: DOROTHY MILLS ADDRESS: 1009 McILEAN AVE.

MEDICAL CERTIFICATION

18. 582X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Renal shutdown & heart failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Chronic renal failure.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/1/46 19 to 8/16 19 that (I) (we) last saw the deceased alive on 8/16 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B. B. Brown, M.D., Ph.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): B. B. BROWN DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL, DEPT. OF MEDICINE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: BALTO. NAT'L. CEM.
24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: U.R. BALLER ADDRESS: KELSON FUN. HOME 1348 CALHOUN ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

L-520 69 8280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8280

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LYNCH, JAMES (NMI)

2. DATE AND HOUR OF DEATH: August 16, 1969 | 12:19 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 16-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 1115 N. Mount St.

5. SEX: Male
6. RACE: Negroid
7. MARRIED [ ] NEVER MARRIED [XX] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-31-12
9. AGE (In years last birthday): 56
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Lynch
14. MOTHER'S MAIDEN NAME: Eleanor Walker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 12-11-43 to 4-20-46
16. SOCIAL SECURITY NO.: 219-03-6730
17. INFORMANT: Records
ADDRESS: V. A. Hospital, 3900 Loch Raven Blvd., Balto. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma Esophagus
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 21
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from April 24, 1969 to August 16, 1969 that (we) last saw the deceased alive on August 16, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Walter Smithwick MD
DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): WALTER SMITHWICK
DEGREE
23D. ADDRESS: 3900 LOCH RAVEN BLVD BALTIMORE, MARYLAND 21218

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: BALTO. NAT'L. CEM.
24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: U. R. BAILEY
ADDRESS: RELSON F. H. 1348 N. CALHOUN ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. M-325 69 8281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8281

1. NAME OF DECEASED (Type or Print): JAMES H. MADISON

2. DATE AND HOUR OF DEATH: 8-16-69 11:20 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 8-05

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1766 E. NORTH AVE

5. SEX: MALE 6. RACE: NEGRO 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 4-1-1902 9. AGE (In years last birthday): 67 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CRANE Operator

10B. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL

11. BIRTHPLACE (State or foreign country): VA.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: JAMES MADISON

14. MOTHER'S MAIDEN NAME: JOSEPHINE LUEPE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-01-0420

17. INFORMANT: CAMILLA B. MADISON ADDRESS: 1766 E. North Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: AORTIC INSUFFICIENCY — MANY years

DUE TO, OR AS A CONSEQUENCE OF:

(B) BACTERIAL ENDOCARDITIS " "

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?: no

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/9/69 19 to 8/16/69 19 that (I) (we) last saw the deceased alive on 8/16/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: George J. Berakha MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8/16/69

23C. PHYSICIAN'S NAME (Type): GEORGE J. BERAKHA, MD DEGREE

23D. ADDRESS: JHH

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8/22/69

24C. NAME of CEMETERY or CREMATORY: CARVER MEM. PK.

24D. LOCATION (City, town, or county) (State): LAUREL, Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Joseph Locks

ADDRESS: 1304 N. Central

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-652 69 8282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8282

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): CRONISE, REGINA SHIRLEY

2. DATE AND HOUR OF DEATH: AUGUST 17, 1969 | 7:05P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL 40 WILKENS & CATON AVES BALTIMORE MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 25-51
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3506 GREENVALE RD

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 05-02-26
9. AGE (In years last birthday): 43
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: FRANK ARMSWORTHY
14. MOTHER'S MAIDEN NAME: MARGARET (FRANZ) SPENCER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-20-9302
17. INFORMANT: ST AGNES HOSPITAL RECORDS
ADDRESS: WILKENS & CATON AVES BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ca of the lung metastatic
DUE TO, OR AS A CONSEQUENCE OF: Paraneoplastic aplastic anemia

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 10 19 69 to AUGUST 17 19 69 that (I) (we) last saw the deceased alive on AUGUST 17 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hermenegildo N Isidro DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: AUGUST 17, 1969
23C. PHYSICIAN'S NAME (Type): DR HERMENEGILDO ISIDRO DEGREE
23D. ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVES BALTIMORE MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-21-69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969 Robert E. Faber
25B. NAME OF REGISTRAR: Faber, M.D.
25C. FUNERAL DIRECTOR: Wetzke, 1630 Edmondson Av., Balto. 21228
ADDRESS

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-152 69 8283

REG. NO. 69 8283

1. NAME OF DECEASED (Type or Print): Covington, George

2. DATE AND HOUR OF DEATH: August 14 1969 | 8 50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Johns Hopkins Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33
THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 9-09
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1527 N. EDEN ST.

5. SEX: M
6. RACE: Negro
7. MARITAL STATUS: MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 07-24-05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Rockingham N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Covington
14. MOTHER'S MAIDEN NAME: Cornelia Pickett
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Beatrice Covington
ADDRESS: 1527 N. Eden St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 hr
DUE TO, OR AS A CONSEQUENCE OF:
(B) Myocardial damage 2° previous cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Diabetic ketoacidosis

19A. DATE OF OPERATION: 8/12
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ruptured appendix
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/11 1969 to 8/14 1969 that (I) (we) last saw the deceased alive on 8/14 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H. Fee M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/14
23C. PHYSICIAN'S NAME (Type): HENRY J. Fee M.D. DEGREE
23D. ADDRESS: Reed Hall, The Johns Hopkins Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-18-69
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Randolph J. Conlick
ADDRESS: 2431 E. Oliver St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

B-250 69 8284 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8284

BIRTH NO.

33

99

1. NAME OF DECEASED (Type or Print): Susie SUSAN BACON

2. DATE OF DEATH: Known [X] Estimated [ ] Month August Day 15 Year 1969 Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 15 Year 1969 Hour 7:25 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 10-01

6. SEX: Female

7. RACE: Negro

8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 5-1-1904

10. AGE (In years last birthday): 65

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1122 N. Eden Street

11. BIRTHPLACE (State or foreign country): Drakes Branch, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Roberts

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

14B. KIND OF BUSINESS OR INDUSTRY: Private

15. MOTHER'S MAIDEN NAME: Maria Tatum

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 216-10-3881

18. INFORMANT: Mrs Alma Edwards ADDRESS: 1603 E. Lafayette Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): 412.4 Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: August 15, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-19-69

24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State): Arbutus, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Raydolph J. Collick ADDRESS: 2431 E. Oliver St.

VS 151-REV. 1/1/68

1969 0 0 2 2 2

46-44-66 db 1

F. 400

BIRTH NO. 69 8285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8285

1. NAME OF DECEASED (Type or Print): Thomas Feyall

2. DATE AND HOUR OF DEATH: 8-16-69 12 40 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS, 4940 Eastern Avenue, Baltimore, Maryland 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 7-04

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 922 N. Dallas St. 21205 007

5. SEX: Male

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 5-15-04

9. AGE (In years last birthday): 65

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): S. Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Feyall

14. MOTHER'S MAIDEN NAME: Nancy Hardy

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-09-5395A

17. INFORMANT: BCH-Records

ADDRESS: 4940 Eastern Avenue, Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

486X I-250.9

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Diabetes mellitus; chronic brain syndrome

Severe atherosclerosis — 10 yrs.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-4 1969 to 8-16 1969 that (I) (we) last saw the deceased alive on 8-15 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G. Winston Gragg, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8-16-69

23C. PHYSICIAN'S NAME (Type): G. Winston Gragg M.D. DEGREE

23D. ADDRESS: 4940 Eastern Avenue, BaltimoreCity Hospitals-Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Aug 20/69

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State): Arbutus, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969

25B. NAME OF REGISTRAR: E. Jaffe, M.D.

25C. FUNERAL DIRECTOR: Everett Glickman

ADDRESS: 1129 N. Gaylord

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-622 69 8286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8286

1. NAME OF DECEASED (Type or Print): Gorsuch Robert Lee

2. DATE AND HOUR OF DEATH: 8-18-69 | 10 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Balto. General

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 25.05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1506 Poplar St.

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4-21-03
9. AGE (In years last birthday): 66
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Fitter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Gorsuch
14. MOTHER'S MAIDEN NAME: Gertrude Gosnell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): US NAVY
16. SOCIAL SECURITY NO.: 215-03-3551A
17. INFORMANT: MRS. Robt. Gorsuch
ADDRESS: 1506 Poplar St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Shock
DUE TO, OR AS A CONSEQUENCE OF:
(B) Gastro-intestinal Bleeding DUE TO, OR AS A CONSEQUENCE OF: Rupture of Duodenal Ulcer
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/1 19 69 to 8/18 19 69 that (I) (we) last saw the deceased alive on 8/18/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [illegible] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: AUG. 18-1969
23C. PHYSICIAN'S NAME (Type): South Balto General Hospital DEGREE
23D. ADDRESS: 3001 S. Hanover ST, Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: AUG. 21-69
24C. NAME of CEMETERY or CREMATORY: Holy CROSS Cemetery
24D. LOCATION (City, town, or county) (State): BALTO. 21225 Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: [illegible]
ADDRESS: 4200 Pennington Ave

VS 150-REV. 1/1/68

R-152 69 8287

BIRTH NO. [redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8287

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Earl F. Robinson

2. DATE AND HOUR OF DEATH: 8/16/69 10:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): U.S.Public Health Service Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 27-39
C. CITY OR TOWN: Balto D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1338 Stonewood Rd.

5. SEX: M 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ 8. DATE OF BIRTH: 2/11/19 1919 9. AGE (In years last birthday): 50 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Army Map Serv. 10B. KIND OF BUSINESS OR INDUSTRY: USA Ret 11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carroll Robinson 14. MOTHER'S MAIDEN NAME: Mary Shomaker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW II 16. SOCIAL SECURITY NO.: 217-26-3942 17. INFORMANT: Miss Hattie E.Robinson ADDRESS: Pasadena, Md. 221 Dunlap Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Ca of lung — 3 mos
DUE TO, OR AS A CONSEQUENCE OF: oat cell

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/16 19 69 to 8/16 19 69 that (I) (we) last saw the deceased alive on 8/16 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Philip Lattman MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: 8/16/69

23C. PHYSICIAN'S NAME (Type): Philip LITTMAN MD DEGREE 23D. ADDRESS: USPHS Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8/20/69 24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: Ann Donovan 3818 Roland Ave. ADDRESS: 3818 Roland Ave.

VS 150-REV. 1/1/68

M-240 69 8288

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8288

1. NAME OF DECEASED (Type or Print): McGill, A. Owens

2. DATE AND HOUR OF DEATH: 8/16/69 | 12:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Balto. Co. 53-00

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 245 Rodgers Forge Road

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: April 10, 1906

9. AGE (In years last birthday): 63 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Giant Portland Cement

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. McGill

14. MOTHER'S MAIDEN NAME: Margaret Kolhafer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Mildred E. McGill

ADDRESS: 245 Rodgers Forge Rd

MEDICAL CERTIFICATION

18. 441.2

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ruptured abdo-

DUE TO, OR AS A CONSEQUENCE OF:

(B) Mural Aortic aneurysm

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-15-69 19 to 8-16 19 69 that (I) (we) last saw the deceased alive on 8-16-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jose B. Corueca M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 8-16-69

23C. PHYSICIAN'S NAME (Type): JOSE B. CORUECA DEGREE

23D. ADDRESS: SBGH

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-19-69

24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: John G. Miller Inc.

ADDRESS: 6415 Belair Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M-620 69 8289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8289

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARCK, ~~WILLIAM~~ EARL WALTER

2. DATE AND HOUR OF DEATH: 08/16/69 3:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SAINT AGNES HOSPITAL WILKENS & CATON AVENUES BALTIMORE, MD. 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: BALTIMORE
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 5106 LEEDS AVE. BALTIMORE, MD.

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 03/09/06
9. AGE (In years last birthday): 63
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOOKKEEPER
10B. KIND OF BUSINESS OR INDUSTRY: SWIFT & CO.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: OTTO MARCK (DEC'D)
14. MOTHER'S MAIDEN NAME: ANNIE (SPERIER) MARCK (DEC'D)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-05-1976
17. INFORMANT: ST. AGNES HOSPITAL, BALTIMORE, MD. ADDRESS

MEDICAL CERTIFICATION

18. 153.8 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: RESPIRATORY INSUFFICIENCY COMPSUMPTIVE STATE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3-5 MONTHS.
DUE TO, OR AS A CONSEQUENCE OF:
(B) CARCINOMA METASTATIC OF THE LIVER
DUE TO, OR AS A CONSEQUENCE OF:
(C) CARCINOMA OF THE COLON — NOT DETERMINED

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-20 1969 to 8-16 1969 that (I) (we) last saw the deceased alive on 8-16 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Julio Freijanes M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: August 16, 1969
23C. PHYSICIAN'S NAME (Type): JULIO FREIJANES MD DEGREE
23D. ADDRESS: ST. AGNES HOSPITAL, BALTIMORE, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/20/69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 19 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Conlon Inc
ADDRESS: 1328 Sulphur Sp. Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-652 69 8290

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8290

BIRTH NO.

CERTIFICATE AMENDED 8-20-69

1. NAME OF DECEASED (Type or Print): Betty Rose Barnes	2. DATE OF DEATH — Known ☒ Estimated ☐ — Month 8, Day 15, Year 69, Hour 2:30 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2834 N. Calvert St.	3. DATE PRONOUNCED DEAD — Month 8, Day 15, Year 69, Hour 2:30 p.m.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: 12-03
6. SEX: female — 7. RACE: white — 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH: Nov. 17, 1926 — 10. AGE (In years last birthday): 42 — If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER: 2834 N. Calvert St.
11. BIRTHPLACE (State or foreign country): Brownton, W.Virginia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME: O'Cil Barnes
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Receptionist — 14B. KIND OF BUSINESS OR INDUSTRY: St. Agnes Hospital	15. MOTHER'S MAIDEN NAME: Lora D. Crosten
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service) — 17. SOCIAL SECURITY NO. 202-18-9170	18. INFORMANT: O'Cil Barnes — ADDRESS: 2834 N. Calvert St. Baltimore, Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E 854.9 + 305.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Overdose of Doriden associated with Acute Alcoholic Intoxication — ~~Fatty alteration of liver~~

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Fatty alteration of the Liver

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2834 N. CALVERT ST
22D. TIME OF INJURY (APPROX.) (Month) 8 (Day) 15 (Year) 69 (Hour) 2 m.	22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR? Ingested overdose of Doriden and alcohol

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. — Deputy Chief Medical Examiner — DATE SIGNED 8/16/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 8-18-1969	24C. NAME of CEMETERY or CREMATORY: Oxford Cemetery	24D. LOCATION (City, town, or county) (State): Oxford, Chester Co. Pa. 1936
25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969	25B. NAME OF REGISTRAR: Robert E. Faber, M.D.	25C. FUNERAL DIRECTOR: William [signature] Johnston	ADDRESS: Oxford, Pa.

VS 151-REV. 3/1/68

N 767 1 2 6 9 0 0 0 0 2 7 0

Letter from Medical Examiner's office 8-20-69 M.H

1

A-252 69 8291

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8291

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Kermit Askins

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 8 Day: 17 Year: 69 Hour: 2:09 a.m.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 17 Year: 69 Hour: 2:09 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15-04
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 2-28-
10. AGE (In years last birthday): 41 — If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 2012 N. Fulton Ave.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Chauncey Askins

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Olivia Sampson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Clemontene Griffin — ADDRESS: 1012 High St

MEDICAL CERTIFICATION

19. E966 X

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple stab wounds
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): infront of 850 Carrol St. 21-02

22D. TIME OF INJURY (APPROX.) (Month) 8 (Day) 17 (Year) 69 (Hour) 1:45 a.m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? stabbed with butcher knife

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 8/17/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-21-69
24C. NAME of CEMETERY or CREMATORY: Family Cemetery
24D. LOCATION (City, town, or county) (State): New Market Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Isaiah L. Brown and Son — ADDRESS: 108 W. Montgomery Street

VS 151-REV. 1/1/68

N 829.17 2 5 7 0 0 0 0 2 7 9

S-530 69 8292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8292

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles V. Smith

2. DATE AND HOUR OF DEATH: 8/16/69 330P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: A.A. 52.00
C. CITY OR TOWN: Linthicum Heights D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1717 Nursery Road

5. SEX: Male 6. RACE: Negro 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 12/02/96 9. AGE (In years last birthday): 72 If Under 1 Yr. Months Days Hours If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 10B. KIND OF BUSINESS OR INDUSTRY: Minister 11. BIRTHPLACE (State or foreign country): B.W.I. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: Frances

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Minnie T. Smith ADDRESS: 1717 Nursery Rd

MEDICAL CERTIFICATION

18. 225.91

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Spheroid wing meningioma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 years

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Atrial arrythmia — unknown

19A. DATE OF OPERATION: 8/11/69 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Meningioma 20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2/31 1969 to 8/16 1969 that (I) (we) last saw the deceased alive on August 16 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert S. Kurtz MD DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 8/16/69

23C. PHYSICIAN'S NAME (Type): Robert S. Kurtz MD DEGREE 23D. ADDRESS: Johns Hopkins Hospital Balt. Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8/20/69 24C. NAME of CEMETERY or CREMATORY: Mt Auburn 24D. LOCATION (City, town, or county) (State): Balto City

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969 25B. NAME OF REGISTRAR: Robert E. Jakey, M.D. 26C. FUNERAL DIRECTOR: J. Bana & Son ADDRESS: 1068 W. Montgomery St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-613 69 8293

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8293

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ROSALIE M. KRAFT

2. DATE AND HOUR OF DEATH: August 16, 1969 7:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): (DOA) Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 27-58
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1622 Walterswood Road - 12

44
99

5. SEX: female 6. RACE: white 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: July 9,1906 9. AGE (In years last birthday): 63 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas R. Trainor
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-05-4942
17. INFORMANT: Mr. Frederick G. Kraft, ADDRESS: 1622 Walterswood Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

410.0

(A) IMMEDIATE CAUSE: Acute myocardial infarct — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertensive C V disease — 10 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 8/7 1969 to Aug 16 1969, that (I) (~~we~~) last saw the deceased alive on 8/7 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Sheldon C. Kravitz M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8-18-69
23C. PHYSICIAN'S NAME (Type): Dr. Sheldon C. Kravitz DEGREE
23D. ADDRESS: 6715 Park Heights Ave, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): burial
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Balto, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Tasker, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.-Balto, Md. - 14 ADDRESS:

0 2 0 1

VS 150-REV. 1/1/68

F-400 69 8294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8294

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HILDA B. FEEHLEY

2. DATE AND HOUR OF DEATH: 8/18/69 6.30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): NORTH CHARLES GEN. HOSP. N. Charles 2 East St Baltimore MD 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ~~BALTIMORE~~ 12-06
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 21 EAST 21st ST. BALT. MD.

5. SEX: F
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 8-2-99
9. AGE (In years last birthday): ~~99~~ 70
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED NURSE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM (PUSEY) ~~XXXXXXXX~~
14. MOTHER'S MAIDEN NAME: Bertha Coulburn

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT: Mr. Wm. Greenfeld-Baltimore Md. 21202 — ADDRESS

MEDICAL CERTIFICATION

1B. 412.3 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: CORONESTIVE HEART FAILURE — months
DUE TO, OR AS A CONSEQUENCE OF:
(B) ARTERIOSCLEROTIC HEART DISEASE — YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(C) CHRONIC EMPHYSEMA — years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Hypolipoidism — years.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gracio V. Patricio DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/18/69.
23C. PHYSICIAN'S NAME (Type): GRACIO V. PATRICIO DEGREE
23D. ADDRESS: NORTH CHARLES GEN. HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/21/69.
24C. NAME of CEMETERY or CREMATORY: Sacred Heart of Jesus Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. Balto. Md. 21214 — ADDRESS

1 9 3 9 0 0 8 0 2 8 2 R J C INC

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1-140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8295 REG. NO. 69 8295

1. NAME OF DECEASED (Type or Print): Lonella M. Tapley

2. DATE AND HOUR OF DEATH: 8-18-69 7:18 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Provident Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1514 Division Street, Baltimore, Maryland 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 14-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1914 Eutaw Place

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-22-45
9. AGE (In years last birthday): 24
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Lonnie Tapley
14. MOTHER'S MAIDEN NAME: Mrs. Ida Rivers (Mother) 1905 Fulton Ave
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212445497
17. INFORMANT: Mrs. Ida Rivers (Mother) 1905 Fulton Ave
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: (3) Acute Infectious Hepatitis
DUE TO, OR AS A CONSEQUENCE OF: (2) Acute yellow atrophy
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-12-69 19 to 8-18-69 19 that (I) (we) last saw the deceased alive on 8-18-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Corpuz M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-18-69
23C. PHYSICIAN'S NAME (Type): Dr. Corpuz M.D. DEGREE
23D. ADDRESS: 1514 Division Street Baltimore, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-22-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: V.R. Bailey
ADDRESS: Kepson F.H. 1348 N. Calhoun Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-460 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8296 REG. NO. 69 8296

1. NAME OF DECEASED (Type or Print): TAYLOR, OSCAR L.
2. DATE AND HOUR OF DEATH: 8-16-69 6 4 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PROVIDENT HOSPITAL 1514 DIVISION ST. BALTIMORE 17-Md. 39
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: MARYLAND B. COUNTY: 14-03 C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐ E. STREET AND NUMBER: 1211 W. NORTH Ave
5. SEX: M
6. RACE: N.W.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-20-17
9. AGE (In years last birthday): 52 — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: GLOBE PRINTERS
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joshua Taylor
14. MOTHER'S MAIDEN NAME: Julia Stewart
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219057754
17. INFORMANT: WIFE (DOROTHY TAYLOR) ADDRESS: SAME

MEDICAL CERTIFICATION

18. 410.9 I 093.9

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MYOCARDIAL INFARTION — 1 HOUR

DUE TO, OR AS A CONSEQUENCE OF:

(B) MYOCARDIAL ISCHEMIA — YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(C) CONGESTIVE HEART DISEASE

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): SYPHILITIC AORTITIS

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 20 FEB 1969 to 16 AUG 1969 that (I) (we) last saw the deceased alive on 14 AUG 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard Tyson, M.D. DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-18-69
23C. PHYSICIAN'S NAME (Type): RICHARD TYSON, M.D. DEGREE
23D. ADDRESS: 2320 EUTAW Pl. BALTIMORE MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Kelson R.H. V.R. Bailey ADDRESS: 1348 N. Calhoun Street

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VS 150-REV. 1/1/68

G-300

BIRTH NO. 69 8297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8297

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Goode, James

2. DATE AND HOUR OF DEATH: 8-18-69 | 6:00 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Univ of Md. Hosp. Baltimore
38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 16-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 218 N. Arlington Ave

5. SEX: M 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 2-11-85 9. AGE (In years last birthday): 84 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFEUR
10B. KIND OF BUSINESS OR INDUSTRY: Printing Co.

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Goode
14. MOTHER'S MAIDEN NAME: Marshall, Margaret

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No ~~Not Known~~ (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-09-2468
17. INFORMANT: Pts chart ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
412.3-141.9	(A) IMMEDIATE CAUSE: Cardio respiratory failure	Several hrs
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Chronic Lung disease	several yrs
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Arteriosclerotic Heart Disease	Several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Chronic Renal Disease

19A. DATE OF OPERATION: 7/31/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of tongue
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/19/ 1969 to 8-18 1969 that (I) (we) last saw the deceased alive on 8/18/ 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rolf Nieman MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/18/69
23C. PHYSICIAN'S NAME (Type): Rolf Nieman MD DEGREE
23D. ADDRESS: Univ of Md Hosp, Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/22/69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Mustard & Hoge
ADDRESS: 638 N Gilmor St

VS 150-REV. 1/1/68

T-512

BIRTH NO. 69 8298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8298

1. NAME OF DECEASED (Type or Print): JOSEPH THOMPSON

2. DATE AND HOUR OF DEATH: AUGUST 13, 1969 8:25 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: JOHNS HOPKINS HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: Charles Co 58-00

C. CITY OR TOWN: WALDORF

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: RT. 2 BOX 206

5. SEX: MALE

6. RACE: NEGRO

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5-30-15

9. AGE (In years last birthday): 54

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chas. Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WALTER THOMPSON

14. MOTHER'S MAIDEN NAME: ELIZABETH PROCTOR

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-16-1408

17. INFORMANT: Joseph A. Elizabeth Thompson

ADDRESS: Rt. 2-Box 48 Waldorf, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

519.21 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CHRONIC OBSTRUCTIVE LUNG DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15 YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: ACUTE RENAL FAILURE

19A. DATE OF OPERATION: 21

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 1 1969 to AUGUST 13 1969 that (I) (we) last saw the deceased alive on AUGUST 13 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Stephen C. Achuff, MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: August 13, 1969

23C. PHYSICIAN'S NAME (Type): STEPHEN C. ACHUFF DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/16/69

24C. NAME of CEMETERY or CREMATORY: St. Ignatius Ch. Cem.

24D. LOCATION (City, town, or county) (State): Chapel Point, Chas. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: Robert E. Falber, M.D.

25C. FUNERAL DIRECTOR: Martel & Adams

ADDRESS: Aquasco, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance an the deceased priar to death); and (6) No physician was in regular attendance an the deceased priar to death. Such written appraval must be obtained befare the remains are embalmed or final disposition is made.

F-500 69 8299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8299

BIRTH NO. HERBERT F. FINN

1. NAME OF DECEASED (Type or Print): CHURCH HOME AND HOSPITAL

2. DATE AND HOUR OF DEATH: 8/17/69 1 35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL BALTIMORE 35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE [redacted] B. COUNTY MARYLAND BALTO.
C. CITY OR TOWN ~~BALTIMORE~~ ESSEX
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER 1138 BIRCH DRIVE 53-00

5. SEX: Male
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-3-95
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED AUTO MECHANIC
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: UNKNOWN PATRICK FINN
14. MOTHER'S MAIDEN NAME: UNKNOWN AUGUSTA PETTICOT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-05-2759
17. INFORMANT: MARY FINN ADDRESS: ABOVE

CAUSE OF DEATH

1B. 1538 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CEREBRAL HAEMORRHAGE. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) METASTASIS BRAIN FROM Ca COLON.

DUE TO, OR AS A CONSEQUENCE OF:

(C) CARCINOMA COLON. — 2 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). PNEUMONIA

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Nil.
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Nil
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8/14/69 19 to 8/17/69 19, that (I) ~~(we)~~ last saw the deceased alive on 8/17/69 19 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: T. Sree Ramamurthy MD
M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/17/69
23C. PHYSICIAN'S NAME (Type): Dr. AHMAD-FARUK AZAM T. SREE RAMAMURTHY DEGREE
23D. ADDRESS: CHURCH HOME AND HOSPITAL BALTO. MD 21231

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/21/69
24C. NAME of CEMETERY or CREMATORY: HOLLY HILL
24D. LOCATION (City, town, or county) (State): BALTO. MD

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: J. E. CONNELLY SONS ADDRESS: 300 MACE

VS 150-REV. 1/1/68

49-50-56 sab

Released on approval of M.E. - Mr. Gregory

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-524 69 8300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 69 8300

1. NAME OF DECEASED (Type or Print): SMIGAL, Helene

2. DATE AND HOUR OF DEATH: 8/15/69 | 12 45 AM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospitals 4940 Eastern Ave #24

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 53-00
C. CITY OR TOWN: ESSEX
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 916 Woodlyn Rd 21221

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-28-09
9. AGE (In years last birthday): 59 yrs
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Steven GRABOWSKI
14. MOTHER'S MAIDEN NAME: Bertha
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-01-2060
17. INFORMANT: Records: BCH-4940 Eastern Avenue 21224 — ADDRESS

MEDICAL CERTIFICATION

18. E887X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiac Arrest — 1 hour
DUE TO, OR AS A CONSEQUENCE OF:
(B) possible pulmonary Embolus
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 8/5/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Fractured Hip
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐ ☒
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Shopping Center
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Mondawmin Shopping Center 53-00
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7/20/69 10 AM
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☒
21F. HOW DID INJURY OCCUR? Patient Fell

22. I certify that (I) (this hospital) attended the deceased from 7/25/69 19 to 8/15/69 19 that (I) (we) last saw the deceased alive on 8/15/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Henry H. Bohlman MD — DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/15/69
23C. PHYSICIAN'S NAME (Type): Henry H. Bohlman — DEGREE
23D. ADDRESS: 4940 Eastern Avenue, Baltimore, Md. Balt. City Hospitals 21224

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/19/69
24C. NAME of CEMETERY or CREMATORY: HOLLY HILL
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: J. G. McKELLY SONS — ADDRESS: 300 MACE

VS 150-REV. 1/1/68

1

C-400 69 8301 BALTIMORE CITY HEALTH DEPARTMENT X

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 69 8301

00

1. NAME OF DECEASED (Type or Print): Sela L. Cole

2. DATE OF DEATH: Known ☒ Estimated ☐ Month 8 Day 16 Year 69 Hour 6:15 p.m.

3. DATE PRONOUNCED DEAD: Month 8 Day 16 Year 69 Hour 6:15 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 6116 Belair Rd.

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: BALTO 53-00
C. CITY OR TOWN: ESSEX ~~Baltimore~~
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 44 Leftwing Dr.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: SEPT. 23 1891
10. AGE (In years last birthday): 77
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): N.Y.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ELMER COLE

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: IDA TUTTLE

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) UNK (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 111-03-5241
18. INFORMANT: MARIE COLE ADDRESS: ABOVE

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 162.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of right lung
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 20
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Partial

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ Partial and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 8/17/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/20/69
24C. NAME of CEMETERY or CREMATORY: HOLLY HILL
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: J.G. CONNELLY SONS ADDRESS: 300 MACE

VS 151-REV. 1/1/68

1 9 6 9 0 0 8 2 8 9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-520 69 8302

REG. NO. 69 8302

1. NAME OF DECEASED (Type or Print): Petrone Dumsa (Dumsha)

2. DATE AND HOUR OF DEATH: Aug 19, 1969 | 2:15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1900 Casadel Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 25-82

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1900 Casadel Ave

5. SEX: Female

6. RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: May 31 1886

9. AGE (In years last birthday): 83

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10B. KIND OF BUSINESS OR INDUSTRY: Tailoring

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Keidis

14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 215 03 0058

17. INFORMANT: Joseph J Dumsha

ADDRESS: 1900 Casadel Ave. 21235

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 151.9 Carcinoma of Stomach

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 7/10/69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of Stomach

20A. AUTOPSY? (Yes or No): no

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? –

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 2/12 1946 to 8/19 1969, that (I) (~~we~~) last saw the deceased alive on 8/19 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John P. Urlock Jr MD (DEGREE)

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8/19/69

23C. PHYSICIAN'S NAME (Type): JOHN P. URLOCK JR MD (DEGREE)

23D. ADDRESS: 1227 WASHINGTON BLV'D.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-21-69

24C. NAME of CEMETERY or CREMATORY: Most Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: Thomas J Kenny Inc

ADDRESS: 1609 Hollins St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

P-520 69 8303

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8303

BIRTH NO.

48/99

1. NAME OF DECEASED (Type or Print): PETROS (PETER) G. PANOS

2. DATE OF DEATH: Known [X] Estimated [ ] Month: August Day: Year: 1969 Hour: M.

3. DATE PRONOUNCED DEAD: Month: August Day: 15, Year: 1969 Hour: 12:01 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 11-02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 15 W. Preston Street

6. SEX: Male 7. RACE: White 8. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 12-22-02 10. AGE (In years last birthday): 66 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Greece 12. CITIZEN OF WHAT COUNTRY? Greece 13. FATHER'S NAME: George

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 14B. KIND OF BUSINESS OR INDUSTRY: Grocery 15. MOTHER'S MAIDEN NAME: Electra Skembea

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.: 215-16-7112 18. INFORMANT: Steve Panos, 15 W. Preston Street ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APROX.) (Month) (Day) (Year) (Hour) m. 22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: August 15, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8/18/69 24C. NAME of CEMETERY or CREMATORY: Greek Orthodox Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969 25B. NAME OF REGISTRAR: Robert E. Jeffery, M.D. 25C. FUNERAL DIRECTOR: Nicholas T. Matthews ADDRESS: #210 Eastern Ave., Baltimore, Md.

VS 151-REV. 1/1/68

9 0 0 0 8 2 9 1

54-85-09 vlb

G-460 69 8304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8304

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Giller

2. DATE AND HOUR OF DEATH: 8-18-69 11:00AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

31 BALTIMORE CITY HOSPITALS
4940 EASTERN AVENUE
BALTIMORE, MARYLAND 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore G 53-05
C. CITY OR TOWN: ESSEX
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 332 Montrose Avenue 21221

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-21-08
9. AGE (In years last birthday): 60
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): France
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John
14. MOTHER'S MAIDEN NAME: Josaphine ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 097-05-9744
17. INFORMANT: Records:
ADDRESS: BCH 4940 Eastern Avenue, Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 436.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia, RUL — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO, OR AS A CONSEQUENCE OF:

(B) CVA — 9 days
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): ASHD

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-9 1969 to 8-18 1969, that (I) (we) last saw the deceased alive on 8-18 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G. Winston Gragg, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-18-69
23C. PHYSICIAN'S NAME (Type): G. Winston Gragg, M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Ave., Balto., Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/21/69
24C. NAME of CEMETERY or CREMATORY: PARKWOOD
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: J. E. CANNELLY SONS
ADDRESS: 300 MACE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

54-90-87 csk

B-616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8305

BIRTH NO. 69 8305

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MILDRED M. BARBER

2. DATE AND HOUR OF DEATH: 8/18/69 5:45 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS 4940 Eastern Ave. Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Michigan B. COUNTY: 49286 V-19
C. CITY OR TOWN: Tecumseh D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 510 Occidental Way Tecumseh, Mich 49286

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH: 12-6-00 9. AGE (In years last birthday): 68 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Michigan 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM MURPHEY 14. MOTHER'S MAIDEN NAME: Martha

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 384-07-6249
17. INFORMANT: BCH Records ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: TOTAL NECROSIS OF GASTRO INTESTINAL TRACT — 12 h.
DUE TO, OR AS A CONSEQUENCE OF:
(B) MESENTERIC THROMBOSIS — ?
DUE TO, OR AS A CONSEQUENCE OF:
(C) MIOCARDIAL INFARC — 48 h.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): ARTERIOSCLEROSIS — ?

19A. DATE OF OPERATION: 8/18/69 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ACUTE ABDOMEN 20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8/17/69 19 to 8/18/69 19, that (I) (we) last saw the deceased alive on 8/18/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Castro DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/18/69
23C. PHYSICIAN'S NAME (Type): E. CASTRO, MD DEGREE:
23D. ADDRESS: BALTIMORE CITY HOSPITALS 4940 Eastern Ave. Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL 24B. DATE: 8/19/69 24C. NAME of CEMETERY or CREMATORY: ADRIAN 24D. LOCATION (City, town, or county) (State): ADRIAN MICH

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: J. DE COMELLI SONS ADDRESS: 300 MACE

VS 150-REV. 1/1/68

BIRTH NO. 0-635 69 8306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8306

1. NAME OF DECEASED (Type or Print): WILLIAM E. OUREDNIK

2. DATE AND HOUR OF DEATH: Aug. 15, 1969 | 7:30 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 Church Home Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 21205 7-02

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 513 N. Montford Ave.

5. SEX: male

6. RACE: white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5/15/08

9. AGE (In years last birthday): 61

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: B & O R.R.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Matthew Ourednik

14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Margaret Rumel Ourednik, wife, above

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral Vascular Hemorrhage 431.9

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-10, 1967 to 8-11, 1969, that (I) (we) last saw the deceased alive on 8-11, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 8/18/69

23C. PHYSICIAN'S NAME (Type): Dr. SEBASTIAN RUSSO DEGREE

23D. ADDRESS: 5017 HARFORD Rd. BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/18/69

24C. NAME of CEMETERY or CREMATORY: Bohemian National Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.

ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-600 69 8307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8307

1. NAME OF DECEASED (Type or Print): AGATHA M. B. AUER

2. DATE AND HOUR OF DEATH: 8/16/69 5:15 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Gould Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 21206 26-32
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4619 Mannasota Avenue

5. SEX: female
6. RACE: white
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1/15/89
9. AGE (In years last birthday): 80 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dead Letter Office
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Auer
14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-40-0912
17. INFORMANT: Miss Wilhelmina A. Auer, niece, above ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. 412.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Acute Pulmonary edema — 48 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic C-V disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Chr Brain syndrome result of B

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Feb. 25 1968 to Aug. 16 1969, that (I) (~~we~~) last saw the deceased alive on Aug 14 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: H. V. Harbold MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Aug 18, 1969
23C. PHYSICIAN'S NAME (Type): Dr. Harold V. Harbold DEGREE
23D. ADDRESS: 4706 Harford Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/19/69
24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Faiberg M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

1

Z-520 69 8308

V-520

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8308

1. NAME OF DECEASED (Type or Print): JOSEPH ZEMCK OR VENICK

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: August 7, 1969 Hour 4:20 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1017 W. Baltimore Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 18-03

00

6. SEX: Male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH: ?

10. AGE (In years last birthday): 51
If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1017 W. Baltimore Street

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene Clemetz

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

14B. KIND OF BUSINESS OR INDUSTRY: —

15. MOTHER'S MAIDEN NAME: Margaret Blinkus ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): —

17. SOCIAL SECURITY NO.: —

18. INFORMANT: Dominic Calcagno ADDRESS: 748 W. Baltimore St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

4/12/7

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Fatty Metamorphosis of Liver

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes (Partial)

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ (Partial) and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 8/8/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/19/69

24C. NAME of CEMETERY or CREMATORY: Glen Haven Cem.

24D. LOCATION (City, town, or county) (State): Glenburnie, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: Robert E. Jaeber, M.D.

25C. FUNERAL DIRECTOR: John J. Corvano Sons Inc. ADDRESS: 901 Holden St. Balto. Md.

VS 151-REV. 1/1/68

1969 0 0 8 3 0 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8309

BIRTH NO. E-363 69 8309

1. NAME OF DECEASED (Type or Print): CLARENCE Edwards

2. DATE AND HOUR OF DEATH: August 17, 1969 11:45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harborview Nursing and Convalescent Center

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: R.F.D #1, Maryland
B. COUNTY: Kent Co.
C. CITY OR TOWN: Rock Hall
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 64-00

5. SEX: M
6. RACE: W
7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 10/3/76
9. AGE (In years last birthday): 92
If Under 1 Yr. Months / Days / Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Glen Edwards
14. MOTHER'S MAIDEN NAME: GEORGIANNA ASHLEY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Nursing Home Records
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	arteriosclerotic heart disease	years
(B) DUE TO, OR AS A CONSEQUENCE OF:	arteriosclerosis, gen	years
(C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-28 1969 to 8-17 1969, that (I) (we) last saw the deceased alive on 8-17 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-18-69
23C. PHYSICIAN'S NAME (Type): DR. Allen Macht DEGREE
23D. ADDRESS: Harbor View Nursing Home.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 20
24C. NAME of CEMETERY or CREMATORY: Wesley Chapel
24D. LOCATION (City, town, or county) (State): Rock Hall, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Alyce R. Lane
ADDRESS: Church Hill, Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-532 69 8310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8310

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MELINDA LINDSAY

2. DATE AND HOUR OF DEATH: August 13, 1969 11:35 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MONTEBELLO STATE HOSPITAL 2201 ARGONNE DR, BALTO, MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 23-01

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 59 W. WEST ST

5. SEX: F

6. RACE: N

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5-12-1892

9. AGE (In years last birthday): 77

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records

ADDRESS: Montebello State

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARCINOMA OF COLON WITH METASTASIS

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: UNKNOWN

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CA OF THE COLON

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 2-12- 1969 to 8-13 1969, that (I) (we) last saw the deceased alive on ____ 19____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Mohammad Nayatullah M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8/13/69

23C. PHYSICIAN'S NAME (Type): MOHAMMAD NAYATULLAH M.D. DEGREE

23D. ADDRESS: MONTEBELLO STATE HOSP

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-18-1969

24C. NAME of CEMETERY or CREMATORY: Brewer Hill

24D. LOCATION (City, town, or county) (State): Annapolis Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: Robert E. Jaffee M.D.

25C. FUNERAL DIRECTOR: William Reese

ADDRESS: Arma, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-400

BIRTH NO. 69 8311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8311

1. NAME OF DECEASED (Type or Print): MR. HENRY R. MIAL

2. DATE AND HOUR OF DEATH: 8/18/69 4:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSP. BALTO. MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTO. 9-07

C. CITY OR TOWN: BALTO

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 2621 GARRET AVE

5. SEX: M

6. RACE: NEGRO

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6-2-1919

9. AGE (In years last birthday): 50

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ORDERLY

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N. CAROLINA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Jasper Mial, Sr

14. MOTHER'S MAIDEN NAME: Betty [illegible]

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Jasper Mial Jr ADDRESS: Raleigh, N.C

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

18. 436.9 + 011.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Haemorrhagic Bronchopneumonia

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF: SEIZURES, ASPIRATION,

(C) CVA, R/O TUBERCULOSIS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: SA/ME

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/8 1969 to 8/18 1969, that (I) (we) last saw the deceased alive on 8/18 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harvey B Sher M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8/18/69

23C. PHYSICIAN'S NAME (Type): DR. HARVEY B SHER HARVEY B. SHER M.D. DEGREE

23D. ADDRESS: THE UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-23-69

24C. NAME of CEMETERY or CREMATORY: Mt. Hope Cemetery

24D. LOCATION (City, town, or county) (State): Raleigh, N.C.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.

25C. FUNERAL DIRECTOR: John M. Johnson ADDRESS: 3401 Fairview Av

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

O-412 69 8312

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8312

BIRTH NO.

1. NAME OF DECEASED (Type or Print): REGINALd ELIAS Olivis

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 8 Day: 16 Year: 69 Hour: 8:50 p. M.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 16 Year: 69 Hour: 8:50 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1353 N. Carey St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15-01

6. SEX: male

7. RACE: colored

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 10 JUNE 1897

10. AGE (In years last birthday): 72

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1353 N. Carey St.

11. BIRTHPLACE (State or foreign country): BELROI VA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANK OLIVIS

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHEF COOK

14B. KIND OF BUSINESS OR INDUSTRY: Foods

15. MOTHER'S MAIDEN NAME: FANNIE LEMMON

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): 1 DEC 1918 - 26 SEP 19-18

17. SOCIAL SECURITY NO.: 216-05-3375

18. INFORMANT: GONDEOLA D. OLIVIS ADDRESS: 6835 WYNCOTE AVE PHILA PA. 19138

19. SEPT 26 PHILA DEC 11-1918

MEDICAL CERTIFICATION

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of prostate with metastases
~~DUE TO, OR AS A CONSEQUENCE OF:~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): Partial

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ Partial and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: Deputy Chief Medical Examiner 8/16/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8/21/69

24C. NAME of CEMETERY or CREMATORY: BALTO NATIONAL CEM.

24D. LOCATION (City, town, or county) (State): 5501 FREDERICK AVE BALTO MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: DONALD E. GLOVER ADDRESS: 1701 N PATTERSON PARK AVE

VS 151-REV. 1/1/68

1 9 6 9 0 0 0 8 3 0 0

R0001

69 8313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8313

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Miss RAYE, EVA

2. DATE AND HOUR OF DEATH: 8-18-69 4 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Hood Conv. Home. 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY: BALTO. COUNTY 53-00

C. CITY OR TOWN: Balto Co.

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 5500 Edmondson Ave

5. SEX: F.

6. RACE: W.

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: June 23, 1879

9. AGE (In years last birthday): 90

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10B. KIND OF BUSINESS OR INDUSTRY: Education

11. BIRTHPLACE (State or foreign country): Balty Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A.

14. MOTHER'S MAIDEN NAME: Virginia Moore

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Herbert Mayo

ADDRESS: 614 Coleraine Rd. Balto Md

MEDICAL CERTIFICATION

18. 4127

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Cardiac Arrest

DUE TO, OR AS A CONSEQUENCE OF: C.S.C.V.D

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes / years.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Old C.V.A

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4/24/1968 to 8/18/1969, that (I) (we) last saw the deceased alive on 8/18/1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Adnan Sonmez DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8/18/1969

23C. PHYSICIAN'S NAME (Type): ADNAN M. SONMEZ DEGREE

23D. ADDRESS: 1011 Frederick Rd. Bel. Md. 21228

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8-21-69

24C. NAME of CEMETERY or CREMATORY: LOUDON PARK CEMETERY

24D. LOCATION (City, town, or county) (State): BALTO. MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: Robert E. Farber M.D.

25C. FUNERAL DIRECTOR: WEBER FUNERAL HOME

ADDRESS: 531 E Monument Ave

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

J-5221

69 8314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 8314

BIRTH NO.

REG. NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Jankiewicz, Helen J.

2. DATE AND HOUR OF DEATH: August 19, 1969 5:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1-05

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2128 Bank St.

5. SEX: Female

6. RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 3/17/98

9. AGE (In years last birthday): 71

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: STEVEN WITKOWSKI

14. MOTHER'S MAIDEN NAME: JOSEPHINE CHICHOCKI

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Stephen Jankiewicz

ADDRESS: Same as deceased

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST

DUE TO, OR AS A CONSEQUENCE OF:

(B) POST OP LAPAROTOMY & CONGESTIVE HEART FAILURE

DUE TO, OR AS A CONSEQUENCE OF:

(C) PERFORATION CANCER OF COLON, METASTATIC

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8/16/69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: PERFORATED COLON CA.

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 8/16/69 19 to 8/19/69 19 that (I) (~~we~~) last saw the deceased alive on 8/19/69 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Arthur B. Jenny MD DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: August 19, 1969

23C. PHYSICIAN'S NAME (Type): DR. ARTHUR JENNY, M.D. DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8-23-69

24C. NAME of CEMETERY or CREMATORY: SACRED HEART OF JESUS

24D. LOCATION (City, town, or county) (State): DUNDALK MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: C. Weber, M.D.

25C. FUNERAL DIRECTOR: JOHN M. WEBER & SONS INC.

ADDRESS: 401 S. CHESTER ST.

VS 150-REV. 1/1/68

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4536

69 8315

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69 8315

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Walter Henderson

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 8 Day: 18 Year: 69 Hour: 12:50 p.m.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 18 Year: 69 Hour: 12:50p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
39 Provident Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 28-41
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 4807 Belle Ave.

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. DATE OF BIRTH: 8-26-1925
10. AGE (In years last birthday): 43 — If Under 1 Yr. Months, Days; If Under 24 Hrs. Hours, Min.
11. BIRTHPLACE (State or foreign country): Wendell, North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Henderson
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-Employed
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Lelia Morgan
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.:
18. INFORMANT: Mrs Alethia Ball ADDRESS: 4807 Belle Avenue

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E965

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple gunshot wounds
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): bar
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1530 Pennsylvania Ave. 14-02
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8 18 69 12:35p.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? shot during altercation

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 8/19/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-24-69
24C. NAME of CEMETERY or CREMATORY: Pleasant Grove Ch. Cem.
24D. LOCATION (City, town, or county) (State): Wendell, North Carolina

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens St.

VS 151-REV. 1/1/68

V 0 7 1 9 5 9 0 0 8 3 0 3

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69 8316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8316

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GREGORY, JOSEPHINE SIMMONS

2. DATE AND HOUR OF DEATH: August 17, 1969 10:41 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkin s Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1643 Warwick Avenue

5. SEX: Female
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1/3/99
9. AGE (In years last birthday): 70 — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Shaddrack
14. MOTHER'S MAIDEN NAME: Unk.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. If yes, give war or dates of service:
16. SOCIAL SECURITY NO.: 220-24-5899
17. INFORMANT: Mr. Ernest Gregory — ADDRESS: 1643 Warwick Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1/2 hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) possible pulmonary embolus

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 8/17/69 9:30 PM 1969 to 8/17 10:41 PM 1969 that (I) (~~we~~) last saw the deceased alive on 8/17/69 10:40 PM 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (~~I~~) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: H. Braine MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/17/69
23C. PHYSICIAN'S NAME (Type): HAYDEN BRAINE, M.D. DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Isabel E. Varney, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. — ADDRESS: 1701 Laurens Stree

VS 150-REV. 1/1/68

1 2 6 9 0 0 8 3 0 4

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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69 8317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8317

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LEE, ALFONSO VERNONE (Vernon)

2. DATE AND HOUR OF DEATH: August 18, 1969 5:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE 16-06

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 931 NORTH FRANKLINTOWN ROAD #16

5. SEX: M 6. RACE: C 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 4-9-20 9. AGE (In years last birthday): 49 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10B. KIND OF BUSINESS OR INDUSTRY: GAS + ELECTRIC CO

11. BIRTHPLACE (State or foreign country): MARYLAND, Balto.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: OLIVER LEE

14. MOTHER'S MAIDEN NAME: HELEN BELL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-12-8461

17. INFORMANT: PATIENT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ADENOCARCINOMA OF LEFT LUNG & MEDIASTINAL METASTASIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: KNOWN 3 MONTHS

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8-11-69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: DIAGNOSIS

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 15, 1969 to AUG. 18, 1969 that (I) (we) last saw the deceased alive on AUG 18, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles S. Harrison, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: AUG 18, 1969

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS: UNIVERSITY OF MARYLAND HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/21/69

24C. NAME of CEMETERY or CREMATORY: Balto. Nat'l Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: Taber, M.D.

25C. FUNERAL DIRECTOR: Morton & Dyer H.H. ADDRESS: 1701 Laurens St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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L-200 69 8318

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8318

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lena Lewis

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 8 Day: 16 Year: 69 Hour: 10:30 AM.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 16 Year: 69 Hour: 10:30 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 612 Cheraton Rd.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25-42
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 612 Cheraton Rd.

6. SEX: female
7. RACE: colored
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: Mar. 12, 1893
10. AGE (In years last birthday): 76
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
14B. KIND OF BUSINESS OR INDUSTRY: None
15. MOTHER'S MAIDEN NAME: Priscilla Lewis

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 218-28-1346
18. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

19. I — CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
Deputy Chief Medical Examiner
DATE SIGNED: 8/17/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-21-69
24C. NAME of CEMETERY or CREMATORY: MT AUBURN
24D. LOCATION (City, town, or county) (State): BALTO Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: E.O WILSON
ADDRESS: 1000 BRANTLEY AVE

VS 151-REV. 1/1/68

1969 0008306

BIRTH NO. R-200 69 8319

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69 8319

1. NAME OF DECEASED (Type or Print): REESE, LEROY

2. DATE AND HOUR OF DEATH: August 19, 1969 10 20 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 36 Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY: 230 N. Amity St. Baltimore, Md.

C. CITY OR TOWN (If outside city limits, write RURAL and give township): 18-01

D. STREET ADDRESS (If rural, give location):

5. SEX: Male

6. RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify):

8. DATE OF BIRTH: 1/5/15

9. AGE (In years last birthday): 54

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): welder

10B. KIND OF BUSINESS OR INDUSTRY: clean motors

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JASPER REESE

14. MOTHER'S MAIDEN NAME: MAMIE RICHBERG

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

1B. 430.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) Cerebral ischemia DUE TO

(B) C.V. Hypertension DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 10 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 6

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/19 1969 to 8/19 1969, that (I) (we) last saw the deceased alive on 8/19 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Choon M. Kim M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8/19/69

23C. PHYSICIAN'S NAME (Type): CHOON M. KIM M.D.

23D. ADDRESS:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-23-69

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Ebony O. Wilson

ADDRESS: 1000 Brantley Ave Balto. Md.

VS 150-REV. 1/1/65

1 9 6 9 0 0 8 3 1 9

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

D-120 69 8320

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 0320

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Stanford Davis

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 8 Day: 16 Year: 69 Hour: 3:25 p. M.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 16 Year: 69 Hour: 3:25 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 502 N. Chapel St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 6-04
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 502 N. Chapel St.

6. SEX: male
7. RACE: colored
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 1-15-1907
10. AGE (In years last birthday): 62 — If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): BIRMINGHAM ALA.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: UNK

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: None
15. MOTHER'S MAIDEN NAME: LOUISE JACKSON

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: MARIE AMES ADDRESS: 2245 E. PRESTON ST

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 011.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary tuberculosis
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 8/17/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-19-69
24C. NAME of CEMETERY or CREMATORY: MT AUBURN
24D. LOCATION (City, town, or County) (State): BALTO Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: E.O WILSON ADDRESS: 1000 BRANTLEY AVE

1 9 6 9 0 0 3 2 0 8

VS 151-REV. 1/1/68

B-263 69 8321

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8321

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BEZEREDI, JOSEPH THOMAS

2. DATE AND HOUR OF DEATH: AUGUST 15, 1969 | 10:25PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: ST AGNES HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 WILKENS & CATON AVES BALTIMORE MD. 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: a.a.Co 52-00

C. CITY OR TOWN: GLEN BURNIE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 814 DALE ROAD

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 03 06 14 9. AGE (In years last birthday): 55 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DRIVER

10B. KIND OF BUSINESS OR INDUSTRY: CAB COMPANY

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS BEZEREDI

14. MOTHER'S MAIDEN NAME: AGNES (Unknown)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 071/10/2420

17. INFORMANT: ST AGNES HOSPITAL RECORDS ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Adenocarcinoma of Pancreas w/ general abdominal metastases

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 11 1969 to AUGUST 15 1969 that (I) (we) last saw the deceased alive on AUGUST 15 1969 and that (in my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles J. Cancelosta M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: August 15, 69

23C. PHYSICIAN'S NAME (Type): DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/19/69

24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Park

24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: H. Berman

ADDRESS: Singleton Funeral Home, Glen Burnie, Md.

VS 150-REV. 1/1/68

C-640 69 8322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8322

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James R. Corley

2. DATE AND HOUR OF DEATH: 8/18/69 5 30 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nursing Center

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 27-06
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 5400 Harford Road

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: 5/27/02
9. AGE (In years last birthday): 67
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repairman
10B. KIND OF BUSINESS OR INDUSTRY: Penn-Central R.R.
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gabriel Corley
14. MOTHER'S MAIDEN NAME: Lillian Chapelle

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: A951251
17. INFORMANT: Joseph Pazeras
ADDRESS: 5400 Harford Rd.

MEDICAL CERTIFICATION

18. 162.1

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: CA lung with metastasis — 3/69
DUE TO, OR AS A CONSEQUENCE OF:
(B) arteriosclerotic heart disease — years
DUE TO, OR AS A CONSEQUENCE OF:
(C) arteriosclerosis gen. — years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/11 1969 to 8/18 1969, that (I) (we) last saw the deceased alive on 8/18 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. Marr MD DEGREE
Attending Phys. ☐ Med. Director ☒ Staff Phys. ☐
23B. DATE SIGNED: 8/19/69
23C. PHYSICIAN'S NAME (Type): Allan H Marr MD DEGREE
23D. ADDRESS: 2 E Read St Bal Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-20-1969
24C. NAME of CEMETERY or CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Paul A. Heemann
ADDRESS: 6067 Harford Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

Q-530 69 8323

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

X

BIRTH NO.

REG. NO. 69 8323

1. NAME OF DECEASED (Type or Print): Mary A. Quandt	2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 8 Day: 15 Year: 69 Hour: 3:03 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 36 Franklin Square Hospital	3. DATE PRONOUNCED DEAD — Month: 8 Day: 15 Year: 69 Hour: 3:03 p.m.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland B. COUNTY: Baltimore 53-00
6. SEX: female 7. RACE: white 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	C. CITY OR TOWN: 21234 Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒
9. DATE OF BIRTH: Nov. 18, 1898 10. AGE (In years last birthday): 70 If Under 1 Yr. If Under 24 Hrs. Months: Days: Hours: Min.:	E. STREET AND NUMBER: 8704 Eddington Rd.
11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME: George Roland
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary 14B. KIND OF BUSINESS OR INDUSTRY: Chemical	15. MOTHER'S MAIDEN NAME: Mammie Spicer
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): ——— 17. SOCIAL SECURITY NO.: 214 01 5426A	18. INFORMANT: Mrs. Roy R. Lambert ADDRESS: Glenarm, Maryland

MEDICAL CERTIFICATION

19. 412.7

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): no
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D. Deputy Chief Medical Examiner

DATE SIGNED: 8/16/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 8/18/1969	24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery	24D. LOCATION (City, town, or county) (State): Baltimore Co., Maryland
25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969 Robert E. Farber, M.D.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR: Wm. E. Johnson	ADDRESS: 8521 Loch Raven Blvd. 21204

VS 151-REV. 1/1/68

1969000831

1

G-360 69 8324 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8324

BIRTH NO.

46/99

1. NAME OF DECEASED (Type or Print): EUGENE GAITHER

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: August; Day: 14; Year: 1969; Hour: M.

3. DATE PRONOUNCED DEAD — Month: August; Day: 14; Year: 1969; Hour: 8:30 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-04
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 1924 Loretta Avenue

6. SEX: Male
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH: 11/12/19
10. AGE (In years last birthday): 50
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Nathaniel Gaither
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Maggie
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.:
18. INFORMANT: Mrs Crawford, ADDRESS: 1919 Loretta Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Adenocarcinoma of stomach with metastases
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 6
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: August 15, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/21/69
24C. NAME of CEMETERY or CREMATORY: MT Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore M.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: A Halstead ADDRESS: 1206 W north Ave

VS 151-REV. 1/1/68

1969 0 0 8 3 1 2

K-530 69 8325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8325

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ernest A. Knoth (Knoth)

2. DATE AND HOUR OF DEATH: 8/15/69 | 9 25 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Franklin Square Hospital 36 118 N. Calhoun St Balto. Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: ~~XXXXXXXXXX~~ 20-03
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [4] NO [ ]
E. STREET AND NUMBER: 2033 Frederick Ave.

5. SEX: M 6. RACE: W 7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 12/15/95 9. AGE (In years last birthday): 73 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ~~XXXXXXXXXXXXXXXX~~ Armin Knoth
14. MOTHER'S MAIDEN NAME: Barbara ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): W W I
16. SOCIAL SECURITY NO.: 215-03-5453
17. INFORMANT: Elizabeth Knoth ADDRESS: 2033 Frederick Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

433.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia — 48 hrs.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Stroke — 12 wks
DUE TO, OR AS A CONSEQUENCE OF:

(C) Middle Cerebral Art. Thrombosis —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/9 19 69 to 8/15 19 69 that (I) (we) last saw the deceased alive on 8/15 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary M. Lattin M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 8/15/69
23C. PHYSICIAN'S NAME (Type): Gary Marc Lattin DEGREE
23D. ADDRESS: Franklin Square Hospital Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-19-1969
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-262 69 8326

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8326

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ROGERS, JOHN E.

2. DATE AND HOUR OF DEATH: 8/14/69 12:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland 38 Balto Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md; B. COUNTY: ~~XXXXXXXX~~ 25-72
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2511 BROHANN AVE

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/24/19
9. AGE (In years last birthday): 49 — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEmployed
10B. KIND OF BUSINESS OR INDUSTRY: Sheet Metal Worker
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John W Rogers
14. MOTHER'S MAIDEN NAME: Martha Dixon
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes.
16. (If yes, give war or dates of service): WWI
SOCIAL SECURITY NO.: 220-07-0848
17. INFORMANT: Walter W. Rogers — ADDRESS: 2511 Brohann Ave

MEDICAL CERTIFICATION

18. 160.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cancer of Mediastinum — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 Mos
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) Metastatic Cancer from (A)
DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). None

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): No
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): No
21E. INJURY OCCURRED: While At Work ☐ No Not While At Work ☐
21F. HOW DID INJURY OCCUR? No

22. I certify that (I) (this hospital) attended the deceased from 10/1/5 19 68 to 8/14/ 19 69 that (I) (we) last saw the deceased alive on 8/14 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H Kaplan MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/14/69
23C. PHYSICIAN'S NAME (Type): H KAPLAN DEGREE
23D. ADDRESS: 6126 Green Meadow Pkwy

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-18-1969
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county) (State): Washington Blvd., Howard Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard — ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

W-410 69 8327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8327

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mildred C. Wolfe

2. DATE AND HOUR OF DEATH: August 14, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital

34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 19-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1824 W. Dover Street 21223

5. SEX: F
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug. 2, 1915
9. AGE (In years last birthday): 54
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James H. Mills
14. MOTHER'S MAIDEN NAME: Bessie Huff

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Paul W. Wolfe 1824 W. Dover St. 21223 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
410.0	(A) IMMEDIATE CAUSE Acute Coronary Thrombosis	immediate
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Hypertensive Cardio Vascular Disease	20 yrs
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Obesity	

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from March 19 69 to 19 , that (I) (we) last saw the deceased alive on March 19 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: H. H. Baylus MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 15 Aug 69
23C. PHYSICIAN'S NAME (Type): Herman Baylus DEGREE
23D. ADDRESS: 1600 Wilkens Ave. Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-18-69
24C. NAME of CEMETERY or CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

0 0 0 8 3 7 9

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-432 69 8328

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 69 8328

1. NAME OF DECEASED (Type or Print): William H. Holtz III

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 8 Day: 16 Year: 69 Hour: 7:00 p.m.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 16 Year: 69 Hour: 7:00 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 325 E. North Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 12-05

6. SEX: male

7. RACE: white

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 12-15-1920

10. AGE (In years last birthday): 48

If Under 1 Yr. or Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 325 E. North Ave.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Holtz, Jr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Mary E. Reed

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W W II

17. SOCIAL SECURITY NO.:

18. INFORMANT: Mr. Laverne L. Holtz, ADDRESS: 5004 Shelbourne Road 21227

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty alteration of liver

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): Partial

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ Partial and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 8/17/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-20-1969

24C. NAME of CEMETERY or CREMATORY: Mt. Olivet Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969 Vaubert E. Vaubert, M.D.

25B. NAME OF REGISTRAR:

25C. FUNERAL DIRECTOR: Howard H. Hubbard, ADDRESS: 4107 Wilkens Ave. 21229

VS 151-REV. 3/1/68

1 9 6 9 0 0 8 3 1 6

1

G-625 69 8329

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

X

REG. NO. 69 8329

BIRTH NO.

40/99

1. NAME OF DECEASED (Type or Print): S. MILTON GREGSON

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: August Day: 18 Year: 1969 Hour: M.

3. DATE PRONOUNCED DEAD — Month: August Day: 18 Year: 1969 Hour: 7:15 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 53-00

6. SEX: Male

7. RACE: White

8. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

C. CITY OR TOWN: ARBUTUS

D. INSIDE CITY LIMITS? YES [ ] NO [X]

9. DATE OF BIRTH: 3-22-09

10. AGE (In years last birthday): 60 ~~88~~ — If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 4805 Carmalla Drive

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SAMUEL GREGSON

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GAS FITTER

14B. KIND OF BUSINESS OR INDUSTRY: BALTO. G. & E. CO.

15. MOTHER'S MAIDEN NAME: SADIE

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 212030898

18. INFORMANT: MILTON F. GREGSON ADDRESS: 4805 CARMELLA DR. 21227

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4/12.7

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

DATE SIGNED: August 18, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8-21-69

24C. NAME of CEMETERY or CREMATORY: NEW CATHEDRAL CEM.

24D. LOCATION (City, town, or county) (State): BALTIMORE, MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: HOWARD H. HUBBARD ADDRESS: 4107 WILKENS AVE. 21229

1 6 9 0 0 0 8 3 1 7

VS 151-REV. 1/1/68

J-520 69 8330

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8330

1. NAME OF DECEASED (Type or Print): MARGARET E. JUNG

2. DATE AND HOUR OF DEATH: August 16, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 400 Colleen Road Apt. B

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 20-06
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 508 Parksley Avenue

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-25-1911
9. AGE (in years last birthday): 57
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: F. David Jung
14. MOTHER'S MAIDEN NAME: Mary L. Holmes

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-12-9545
17. INFORMANT: Miss Doris R. Jung, 508 Parksley Avenue
ADDRESS: 21223

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 min

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan 1947 to Aug 16 1969, that (I) (we) last saw the deceased alive on Aug 4 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/18/69
23C. PHYSICIAN'S NAME (Type): Dr. John C. Pound DEGREE
23D. ADDRESS: 3325 Frederick Avenue, Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-19-1969
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 21229
ADDRESS

VS 150-REV. 1/1/68

1 9 6 9 0 0 0 8 3 1 8

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

W-623 69 8331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8331

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES H. WRIGHT

2. DATE AND HOUR OF DEATH: 8/17/69 | 4 30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD.

B. COUNTY: 9-05

C. CITY OR TOWN: BALTIMORE 21218

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3217 AVON RD.

5. SEX: F

6. RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6/19/89

9. AGE (In years last birthday): 80

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MECHANIC

10B. KIND OF BUSINESS OR INDUSTRY: HOME REPAIRS

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM T. WRIGHT

14. MOTHER'S MAIDEN NAME: KATHERINE BARRETT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-07-9864

17. INFORMANT: MRS. KATHERINE A. WRIGHT

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute respiratory failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pyelonephritis 3 yrs complications

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

412.4

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 26 19 69 to Aug. 17 19 69 that (I) (we) last saw the deceased alive on Aug. 17 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Dr. Chambers [signature] DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: Aug. 17, 1969

23C. PHYSICIAN'S NAME (Type): DR. EARL CHAMBERS DEGREE

23D. ADDRESS: MERCY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/20/69

24C. NAME of CEMETERY or CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co.

ADDRESS: 4905 York Road Balto., Md. 21212

8319

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-160 69 8332

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 26 8332

1. NAME OF DECEASED (Type or Print): CHARLES B. WEBER

2. DATE AND HOUR OF DEATH: AUGUST 19, 1969 — 8/16/69 — 6 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & HOSPITAL

35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND — B. COUNTY: 27-12

C. CITY OR TOWN: BALTIMORE — D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 306 E. BELVEDERE

5. SEX: M — 6. RACE: White — 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9-26-1893 — 9. AGE (In years last birthday): 75 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BAKER — 10B. KIND OF BUSINESS OR INDUSTRY: RICE'S BAKERY

11. BIRTHPLACE (State or foreign country): MARYLAND — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN WEBER — 14. MOTHER'S MAIDEN NAME: MARGARET

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-03-2816

17. INFORMANT: MRS. ROBERTA WHITE — ADDRESS: 4811 F. BAYONNE AVE OC

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

011.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PULMONARY TUBERCULOSIS

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: PULMONARY EMPHYSEMA — ASCVD

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — 20A. AUTOPSY? (Yes or No): NO — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) — 21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐ — 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 16 19 69 to August 19 19 69 that (I) (we) last saw the deceased alive on August 19 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Corazon Z. Vergara, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ — 23B. DATE SIGNED: Aug. 19 1969

23C. PHYSICIAN'S NAME (Type): CORAZON Z. VERGARA, M.D. DEGREE — 23D. ADDRESS: Church Home & Hospital 100 N. Broadway Balt. Md. 3

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 8/23/69 — 24C. NAME of CEMETERY or CREMATORY: Oaklawn — 24D. LOCATION (City, town, or county) (State): Baltimore County Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 20 1969 — 25B. NAME OF REGISTRAR: Robert E. Farber, M.D. — 25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co. — ADDRESS: 4905 York Rd. Balto., Md. 21212

8320

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-400 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8333

BIRTH NO. G-652 69 8333

1. NAME OF DECEASED (Type or Print): Grimes, Emma C. Hill

2. DATE AND HOUR OF DEATH: Aug. 17, 1969 | 11-45 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital of Maryland 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1607
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1115 Ashburton St.

5. SEX: F.
6. RACE: Colored
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-1-1903
9. AGE (In years last birthday): 66
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ayden, N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Stephen Bell
14. MOTHER'S MAIDEN NAME: Victoria Cox
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-56-7506
17. INFORMANT: Sarah Cox
ADDRESS: 1420 Edison Highway

CAUSE OF DEATH

MEDICAL CERTIFICATION

1B. 431.01

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral hæmorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 hours
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Hypertension.

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): Yes.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 17, 69 1969 to Aug 17, 1969, that (I) (we) last saw the deceased alive on Aug. 17, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Kantilal J. Shah M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/17/69
23C. PHYSICIAN'S NAME (Type): Kantilal J. Shah M.D. DEGREE
23D. ADDRESS: Lutheran Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-22-69
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Charles R. Law
ADDRESS: 802 Madison Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

address is 1115 Ashburton St. Called hospital 8/25/69 CT

1

M-245 69 8334 X

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8334

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WALTER McCULLOUGH

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 20,1969 Hour 2:45 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MERCY HOSPITAL (DOA)

37/99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Georgia
B. COUNTY: V-09
C. CITY OR TOWN: Atlanta
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1206 Lena Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Feb. 25, 1920
10. AGE (In years last birthday): 49
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Carroll Co., Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Fletcher McCullough

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wholesale Grocer
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Willie?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 233-36-4345
18. INFORMANT: Gladys McCullough - 1206 Lena St., Atlanta,Ga. ADDRESS

MEDICAL CERTIFICATION

19. 4 12.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic Cardiovascular Disease
(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE OF EXAMINER: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum,M.D.
DATE SIGNED: 8/20/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-24-69
24C. NAME of CEMETERY or CREMATORY: Monte Vista Biblical Garden
24D. LOCATION (City, town, or county) (State): Atlanta, Georgia

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Cox Bros. 380 Auburn Ave., N.E.,Atlanta,Ga. ADDRESS

VS 151-REV. 1/1/68

9 3 9 0 0 0 0 3 2 2

A-435-69 8335

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8335

1. NAME OF DECEASED (Type or Print): MERVIN ALTON

2. DATE AND HOUR OF DEATH: 8/16/69 1:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: ANNE ARUNDEL 5200
C. CITY OR TOWN: CROWNSVILLE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: GENERAL'S HIGHWAY

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: ?-?-95
9. AGE (In years last birthday): 74
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): UNKNOWN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT: CROWNSVILLE STATE HOSP. ADDRESS

MEDICAL CERTIFICATION

18. 205.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: GRAM. NEGATIVE SEPSIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS

DUE TO, OR AS A CONSEQUENCE OF:

(B) ACUTE MYELOGENOUS LEUKEMIA

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8/1 19 69 to 8/16 19 69 that (I) (we) last saw the deceased alive on 8/16 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bruce Flegler M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/16/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-21-69
24C. NAME of CEMETERY or CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles R. Law ADDRESS: 802 Madison Ave.

VS 150-REV. 1/1/68

1969 8335

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-200 69 8336 BALTIMORE CITY HEALTH DEPARTMENT X

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 69 8336

1. NAME OF DECEASED (Type or Print): Mary K. Sueck

2. DATE OF DEATH — Known [X] Estimated [ ]: Month 8, Day 19, Year 69, Hour 1:20 a.m.

3. DATE PRONOUNCED DEAD: Month 8, Day 19, Year 69, Hour 1:20 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 City Hospitals

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Dundalk, Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: 1709 Watervale Ave.

6. SEX: female
7. RACE: white
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 12/24/16
10. AGE (In years last birthday): 52 — If Under 1 Yr. or Under 24 Hrs. Months / Days / Hours / Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John M. Whittington

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Ella M. Bartling

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 217-01-7684
18. INFORMANT (Husband): Mr. Walter E. Sueck Sr. — ADDRESS: 1709 Watervale Ave. Dundalk, Md. 21222

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4127

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease — IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE OF EXAMINER'S: [signature] M.D.
NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
Deputy Chief Medical Examiner
DATE SIGNED: 8/19/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/22/69
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969 Robert E. Faber, M.D.
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 151-REV. 1/1/68

1969 0008324

B-250 69 8337

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8337

1. NAME OF DECEASED (Type or Print): BASHAM, CHARLES OBED

2. DATE AND HOUR OF DEATH: AUGUST 18, 1969 2:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2634

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 925 HORNERS LANE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 09 12 18

9. AGE (In years last birthday): 50

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY: - Pikesville Lumber Co.

11. BIRTHPLACE (State or foreign country): KENTUCKY

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: THOMAS BASHAM

14. MOTHER'S MAIDEN NAME: MARY JOHNSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 407 01 1755

17. INFORMANT: ST AGNES HOSP. ADDRESS: CATON & WILKENS AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ASCVD

DUE TO, OR AS A CONSEQUENCE OF: Old Myocardial Infarction

(B) Uremia secondary to Nephrosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 15 1969 to AUGUST 18 1969 that (I) (we) last saw the deceased alive on AUGUST 18 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hermenegildo Isidro MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Aug. 18, 1969

23C. PHYSICIAN'S NAME (Type): HERMENEGILDO ISIDRO MD DEGREE

23D. ADDRESS: ST AGNES HOSPITAL BALTO MD 21229

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/21/69

24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-620 69 8338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8338

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Josephine Guarascio

2. DATE AND HOUR OF DEATH: Aug. 17, 1969 3:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Fayette Street Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Dundalk
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 134 Patapsco Ave.

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/17/98
9. AGE (In years last birthday): 71
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Carlo Marcomin
14. MOTHER'S MAIDEN NAME: Carona Santato

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 236-01-9673B
17. INFORMANT: (Husband) ADDRESS: 134 Patapsco Ave.
Mr. Saverio Guarascio, Dundalk, Md. 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cerebral Accident	20 MOS
DUE TO, OR AS A CONSEQUENCE OF:	A-S-C-V- Disease	10 YRS
(B) DUE TO, OR AS A CONSEQUENCE OF:	C-V- Disease	
(C)	Immediate Hypostatic Pneumonia	24 hour

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan 1968 to Aug 17 1969 that (I) (we) last saw the deceased alive on Aug 17 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~Was called~~) (did not) view the body after death.

23A. SIGNATURE: MBDavis DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/18/69
23C. PHYSICIAN'S NAME (Type): Melvin B. Davis M. D. DEGREE
23D. ADDRESS: 6800 Mornington Rd. Dundalk, Md. 21222

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/20/69
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-550 69 8339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8339

1. NAME OF DECEASED (Type or Print): Edna May Lowman

2. DATE AND HOUR OF DEATH: August 18, 1969 | 2:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 70 Long Green Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1307
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3939 Roland Ave.-Roland View Towers East

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2/14/1889
9. AGE (In years last birthday): 80
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Neuman
14. MOTHER'S MAIDEN NAME: Mary E. Shipley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-01-1215
17. INFORMANT: William J.Lowman -3939 Roland Ave. ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

1B. 4409 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia — 1 da

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerosis generalized — 5 yr

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Multiple sclerosis — 20 yr

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 1 1969 to Aug 18 1969, that (I) (~~we~~) last saw the deceased alive on Aug 9 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: N.R. Freeman MD. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/18/69
23C. PHYSICIAN'S NAME (Type): N.R. Freeman Jr. DEGREE
23D. ADDRESS: 11 W. 29th St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/21/69
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Jaffee M.D.
25C. FUNERAL DIRECTOR: Ann Donovan - 3818 Roland Ave. ADDRESS

0 0 0 8 3 2 7

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8340

BIRTH NO. E-526 69 8340

1. NAME OF DECEASED (Type or Print): Ensor Mamie E

2. DATE AND HOUR OF DEATH: 8-16-69 | 7.40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Montebello State Hospital.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2201 Argonne Dr.
91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: Baltimore 809 Power St 1306
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 809 Power St.

5. SEX: F
6. RACE: W.
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: 3/15/92
9. AGE (In years last birthday): 77
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Franklin Ensor
14. MOTHER'S MAIDEN NAME: Rikey Rankin.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 705-10-8837.
17. INFORMANT: Walter C Smith. ADDRESS: 809 Power St

CAUSE OF DEATH

MEDICAL CERTIFICATION

I

1B. 593.2

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(B) Renal failure — ?
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). C.V.A. ~ (R) hemiplegia. 3/13/69.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5/19/69 19 to 8-16 19 69, that (I) (we) last saw the deceased alive on 8-16-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Fuxa. DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 8/16/69.
23C. PHYSICIAN'S NAME (Type): Jorge Fuxa m.d. DEGREE
23D. ADDRESS: Montebello State Hospital.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: Mt Olivet Cemetery
24D. LOCATION (City, ~~town, or county~~) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Valerie E. Nauberg
25C. FUNERAL DIRECTOR: Frank W Beitz
ADDRESS: 814 W 36 St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-320 69 8341

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8341

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MEADOWS, ELMER

2. DATE AND HOUR OF DEATH: AUGUST 17, 1969 | 7:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL WILKENS & CATON AVES BALTIMORE MD 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1903
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1606 LEMMON STREET

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 04-16-16
9. AGE (In years last birthday): 53
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DISABLED
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: WILLIE MEADOWS
14. MOTHER'S MAIDEN NAME: ETHEL (LYKINS) MEADOWS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ST AGNES HOSPITAL RECORDS
ADDRESS: WILKENS & CATON AVES BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Ca left lung w/ metastasis
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 14 19 69 to AUGUST 17 19 69 that (I) (we) last saw the deceased alive on AUGUST 17 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hermenegildo Isidro DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: AUGUST 18, 1969
23C. PHYSICIAN'S NAME (Type): HERMENEGILDO ISIDRO, M.D. DEGREE
23D. ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVES BALTIMORE MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Crematory
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Tabor, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

69 8 0 0 8 3 2 9

P-300

BIRTH NO. 69 8342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8342

1. NAME OF DECEASED (Type or Print): LEORA P. PATE

2. DATE AND HOUR OF DEATH: 8-17-69 7:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL 33 BALTIMORE, MD 21223

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 1803
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6 S. ARLINGTON AVE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-24-97
9. AGE (In years last birthday): 72 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: EDGAR MC CLOY
14. MOTHER'S MAIDEN NAME: ELLA MORRIS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 173-18-5758
17. INFORMANT: Irene Hosey ADDRESS: 717 W. Preble St., Kokomo, Indiana

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hr 30'

DUE TO, OR AS A CONSEQUENCE OF:

(B) Airway Obstruction — 1 hr 45'

DUE TO, OR AS A CONSEQUENCE OF:

(C) 3 days ~ Tracheotomy & maxillectomy

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): old age, coronary heart disease

19A. DATE OF OPERATION: 8-15-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: carcinoma Lt lacrimal sac
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? no

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-24-69 19 to 8-17-69 19 that (I) (we) last saw the deceased alive on 8-17 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: P B Briscoe Jr MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 8-17-69
23C. PHYSICIAN'S NAME (Type): P B Briscoe Jr DEGREE
23D. ADDRESS: The Johns Hopkins Hospital Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 8-19-69
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State): Kokomo, Indiana

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Isabel C. Stokes, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8343

BIRTH NO. A-546 69 8343

1. NAME OF DECEASED (Type or Print): NICHOLAS J. AUMILLER, SR.

2. DATE AND HOUR OF DEATH: 8/17/69 7 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3032 E. Monument St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. 21205

B. COUNTY: 701

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3032 E. Monument St.

5. SEX: male

6. RACE: white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 12/1/90

9. AGE (In years last birthday): 78

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbing & Heating

10B. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Nicholas Aumiller

14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Nicholas J. Aumiller, Jr. ADDRESS: 607 N. Bouldin Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4.12.3

(A) IMMEDIATE CAUSE: Congestive Heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Heart Disease — 5 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Rheumatoid Arthritis — 5 years

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): None

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?:

22. I certify that (I) ~~(this hospital)~~ attended the deceased from August 1964 to August 17 1969, that (I) ~~(we)~~ last saw the deceased alive on August 16 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: L Myrton Gaines Jr. DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: August 18, 1969

23C. PHYSICIAN'S NAME (Type): Dr. Myrton L. Gaines Jr. DEGREE

23D. ADDRESS: 7800 York Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/20/69

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

1969 0 0 0 8 3 3 1

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

C-625 69 8344

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8344

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Doris E. Carrigan

2. DATE AND HOUR OF DEATH: 8/17/69 9:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2734
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5807 Benton Heights Avenue 21206

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-26-18
9. AGE (In years last birthday): 50 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME: Jesse House
14. MOTHER'S MAIDEN NAME: Marguerite Margarete Horne
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes — (If yes, give war or dates of service): W.W.II
16. SOCIAL SECURITY NO.: 218-07-8419
17. INFORMANT: Harry B. Carrigan — ADDRESS: 5837 Benton Heights Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Peritonitis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Ulcerative Colitis — 2 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

J. Wilson M.D.

19A. DATE OF OPERATION: 38-1-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: hemorrhagic colitis
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 5 1969 to Aug. 17 1969 that (I) (we) last saw the deceased alive on Aug. 17 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: L. Robert Cunnan MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Aug. 17, 1969
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-20-1969
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Fullerton Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Jaffey M.D.
25C. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Road 21236

VS 150-REV. 1/1/68

0 0 0 0 3 3 2

A-620 69 8345

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8345

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Audrey Amelia Ayers — ~~XXXXXX~~ A. Ayers

2. DATE AND HOUR OF DEATH: August 18 1969 | 2:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2505
C. CITY OR TOWN: Baltimore 25
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 3624 St Margaret Street

5. SEX: Female
6. RACE: Caucasian
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-25-10
9. AGE (In years last birthday): 59
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Louis ~~XXXXXXXXXX~~ Perone
14. MOTHER'S MAIDEN NAME: ? Margaret Giles
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: John Ayers — ADDRESS: 3624 St. Margaret St. Baltimore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Chronic Renal Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Arteriosclerotic cardiovascular disease

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-17 1969 to 8-18 1969 that (I) (we) last saw the deceased alive on 8-18 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Eleanor L Noon MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 8-18-69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/21/69
24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Park
24D. LOCATION (City, town, or county) (State): Glen Burnie, Md. A. A. Co.

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Barber, M.D.
25C. FUNERAL DIRECTOR: McCullough F. H. — ADDRESS: 237 Patapsco Ave. 21225

VS 150-REV. 1/1/68

1

B-652 69 8346 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8346

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Carl Brunson

2. DATE OF DEATH: Known [X] Estimated [ ] Month 8 Day 17 Year 69 Hour 6:48 a.m.

3. DATE PRONOUNCED DEAD: Month 8 Day 17 Year 69 Hour 6:48 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
46 Lutheran Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1606
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 3015 W. Lanvale St.

6. SEX: male
7. RACE: colored
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 5-20-68
10. AGE (In years last birthday): 1 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Leroy Dow

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Martha Brunson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Martha Brunson ADDRESS: 3015 W. Lanvale St.

MEDICAL CERTIFICATION

19. 485-X I

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Werner U. Spitz M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
Deputy Chief Medical Examiner
DATE SIGNED: 8/17/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Wm C March ADDRESS: 928 E. North Ave.

VS 151-REV. 1/1/68

1969 0 0 8 3 3 4

10/10/1969 - Letter of authorization from Dr. Springate.
(received in our office, 10/9/69)

JPC.

S-300 69 8347

BIRTH NO.

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69 8347

1. NAME OF DECEASED (Type or Print): HOUSTON H. SCOTT

2. DATE AND HOUR OF DEATH: AUGUST 17, 1969 | 7 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00 1710 W. Lexington Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1901

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 1710 W. Lexington St.

5. SEX: M

6. RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

8. DATE OF BIRTH: 6-8-91

9. AGE (In years last birthday): 78

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Preacher

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Marcus Scott

14. MOTHER'S MAIDEN NAME: Rose J.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-10-9165

17. INFORMANT: Miss Thelma Scott

ADDRESS: 1710 W. Lexington St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) HASCUDE CHF

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan 8 1967 to Aug 17 1969, that (I) (we) last saw the deceased alive on Aug 17 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Benigno Lazaro M.D. Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8-20-69

23C. PHYSICIAN'S NAME (Type): Benigno R. Lazaro M.D.

23D. ADDRESS: 1836 Edmondson ave, Balto. Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-22-69

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969

25B. NAME OF REGISTRAR: Robert E. Tasker, M.D.

25C. FUNERAL DIRECTOR: Wm G. March

ADDRESS: 928 E. North Ave.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-500 69 8348

REG. NO. 69 8348

1. NAME OF DECEASED (Type or Print): Mazie Kenny

2. DATE AND HOUR OF DEATH: 8-19-69 4:00 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Nursing & Convalescent Center

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1402

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1411 Division Street zone 17

5. SEX: Female 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 8-13-1917 9. AGE (In years last birthday): 51 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph DAVIS 14. MOTHER'S MAIDEN NAME: ELIZABETH BUNDY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-18-5913

17. INFORMANT: CELESTINE KIRKLAND ADDRESS: 1512 Tioga Phila Pa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	CA tongue Eretetsen	1 year
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Hypertense CV disease	years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	arteriosclerosis generalized	years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3/9 1969 to 8/19 1969, that (I) (we) last saw the deceased alive on 8/19 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 8/19/69

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE 23D. ADDRESS: 2 E Read St Balt Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 8/25/69 24C. NAME of CEMETERY or CREMATORY: BALTO. NATIONAL 24D. LOCATION (City, town, or county) (State): 5501 Frederick Ave

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969 25B. NAME OF REGISTRAR: Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR: Joseph H. Locks ADDRESS: 1304 N. Central Ave

8336

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-230 69 8349

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8349

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): GEORGE W. HEIGHT

2. DATE AND HOUR OF DEATH: August 19, 1969 — 12:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL, BALTIMORE, MD 21205 — 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND — B. COUNTY: 704
C. CITY OR TOWN: BALTIMORE — D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1812 E. MADISON STREET

5. SEX: MALE — 6. RACE: NEGRO — 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] — 8. DATE OF BIRTH: 9/19/97 — 9. AGE (In years last birthday): 71 — If Under 1 Yr. Months / Days — If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER (R) — 10B. KIND OF BUSINESS OR INDUSTRY: Davidson Chem. Co — 11. BIRTHPLACE (State or foreign country): Cambridge Md. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? — 14. MOTHER'S MAIDEN NAME: MAMIE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: 218-07-9965 — 17. INFORMANT: Etta Height — ADDRESS: 1812 E. Madison St

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Cachexia — Unknown

DUE TO, OR AS A CONSEQUENCE OF:

(C) Probable cancer or chronic disease

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — 20A. AUTOPSY? (Yes or No): YES — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ] — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) — 21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ] — 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 15 1969 to August 19 1969 that (I) last saw the deceased alive on August 19 1969 and that in (my) opinion death occurred on the date and hour and from the causes stated above. (I) (did) (did not) view the body after death.

23A. SIGNATURE: N F Adkinson Jr MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] — 23B. DATE SIGNED: 8-19-69

23C. PHYSICIAN'S NAME (Type): N. F. Adkinson, Jr., M. D. DEGREE — 23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 24B. DATE: 8/23/69 — 24C. NAME of CEMETERY or CREMATORY: Christ M.E. — 24D. LOCATION (City, town, or county) (State): Owings Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969 — 25B. NAME OF REGISTRAR: Robert E. Talbert, M.D. — 25C. FUNERAL DIRECTOR: Fred J. Lock Jr — ADDRESS: 1304 N. Carey St

VS 150-REV. 1/1/68

0-416 69 8350

BIRTH NO. 69-15289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8350 4

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Baby Boy Webb WILLIE JAMES OLIVER, JR

2. DATE AND HOUR OF DEATH: 8-17-69 11:45 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 1205
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1813 Barclay St.

5. SEX: M
6. RACE: C
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-16-69
9. AGE (In years last birthday): ~~40 HRS~~ — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 40 Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Webb
14. MOTHER'S MAIDEN NAME: Ella McFiordent.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 777.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 min

DUE TO, OR AS A CONSEQUENCE OF:

(B) Respiratory distress syndrome — 26 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(C) Subarachnoid hemorrhage probable ?

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): probable none hyantic congenital heart disease

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-16 1969 to 8-17 1969 that (I) (we) last saw the deceased alive on 8-17 11:30 pm 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sy Huh MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8-17-69
23C. PHYSICIAN'S NAME (Type): SOUNG YOON HUH DEGREE
23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: A. J. Halstead — ADDRESS: 1206 W North Ave

VS 150-REV. 1/1/68

BIRTH NO. A-341 69 8351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8351

1. NAME OF DECEASED (Type or Print): Hazel Adolfson

2. DATE AND HOUR OF DEATH: 8/19/69 11 15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt. Sinai Nursing Home 4613 Park Heights ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2854
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4506 Dunland Road

5. SEX: female
6. RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/6/1892
9. AGE (In years last birthday): 77
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Lutheran Hospital
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-16-8389
17. INFORMANT: Mr. Eric Adolfson, 4506 Dunland Rd.
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cerebral embolism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 wo.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Atrial fibrillation — 12 years
DUE TO, OR AS A CONSEQUENCE OF:
(C) Rheumatic heart dis.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan. 19 1957 to Aug. 19 1969, that (I) (~~we~~) last saw the deceased alive on August 17 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Christian S. Mass DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/20/69
23C. PHYSICIAN'S NAME (Type): Dr. Christian S. Mass DEGREE
23D. ADDRESS: ~~8xxx~~ 3459 St. Johns Lane, Edison Pl.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/22/69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Foley
25C. FUNERAL DIRECTOR: Witzke, 4101 Edmondson Ave. 21229
ADDRESS:

0 0 0 0 3 3 9

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-200 69 8352

BIRTH NO. 67-23935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8352

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Boggs Michael

2. DATE AND HOUR OF DEATH: 8/19/69 7:20 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2006
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 313 Fonthill Ave 21223

5. SEX: M.
6. RACE: W.
7. MARRIED [ ] NEVER MARRIED [✓] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/26/67
9. AGE (In years lost birthday): 2 1 — If Under 1 Yr. Months: 8 Days: Hours: If Under 24 Hrs. Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): USA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Gerald Boggs
14. MOTHER'S MAIDEN NAME: Linda Adkins
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Linda Adkins, 313 Fonthill Ave, Balto. Md. 21223 — ADDRESS

MEDICAL CERTIFICATION

18. 746.7

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Respiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) post open heart surgery
DUE TO, OR AS A CONSEQUENCE OF:
(C) A.S.D. Pulmonary stenosis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8/19/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Congenital heart disease
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/8 1969 to 8/19 1969 that (I) (we) last saw the deceased alive on 8/19/ 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. M. Vantegy — DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): J. M. Vantegy — DEGREE
23D. ADDRESS: University Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/22/69
24C. NAME of CEMETERY or CREMATORY: GlenHaven Cemetery
24D. LOCATION (City, town, or county) (State): Glen Burnie, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Hayes, M.D.
25C. FUNERAL DIRECTOR: Witzke, 4101 Edmondson Ave. Balto Md. 21229 — ADDRESS

VS 150-REV. 1/1/68

BIRTH NO. C-500 69 8353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8353

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Charles B. Cain, Sr.

2. DATE AND HOUR OF DEATH: 8/20/69 6:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Pleasant Manor Nursing Home 4615 Park Heights Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2008
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2 S. Augusta Avenue

5. SEX: Male
6. RACE: White
7. MARITAL STATUS: MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/5/1884
9. AGE (In years last birthday): 85
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Cain
14. MOTHER'S MAIDEN NAME: Martha
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-05-8223
17. INFORMANT: Mrs. Chas. B. Cain, Sr. ADDRESS: 2 S. Augusta Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

153.8

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma, colon, c metastasis — 3 mo.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 7-21-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (~~this hospital~~) attended the deceased from 8-13-69 19 to 8-20 1969, that (I) (~~we~~) last saw the deceased alive on 8-19 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Frank G. Kuehn DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/20/69
23C. PHYSICIAN'S NAME (Type): Dr. F. G. Kuehn DEGREE
23D. ADDRESS: Medical Arts Bldg., Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Walter E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Wetzel, Inc. ADDRESS: 1630 Edmondson Ave., 21228

1969 0 0 0 8 3 5 3

VS 150-REV. 1/1/68

1
S455

69 8354

BALTIMORE CITY HEALTH DEPARTMENT

69 8354

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO.

33
99

1. NAME OF DECEASED (Type or Print): RICKY SOLOMAN

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 19, 1969 Hour 10:30 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HOPKINS HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 909
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1411 Ensor Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: Aug 9 1953
10. AGE (In years last birthday): 16 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Bernard Solomon
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Betty Bell
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Betty Solomon ADDRESS: 1411 Ensor St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Intravenous narcotism

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8/20/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 23/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Park
24D. LOCATION (City, town, or county) (State): Arbutus Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: E. Farber M.D.
25C. FUNERAL DIRECTOR: Joseph T. Eberhart ADDRESS: 1129 N. Charles St.

VS 151-REV. 1/1/68

1969 0 0 0 8 3 1 2

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69 8355

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69 8355

BIRTH NO. REG. NO.

44
99

1. NAME OF DECEASED (Type or Print): MARIE WILLIAMS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 19 Year 1969 Hour 3:30 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HSOPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 906
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2741 Tivoly Avenue

6. SEX: Female
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: June 28 1913
10. AGE (In years last birthday): 56 If Under 1 Yr. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): S. C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Madison
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Elizabeth Howard
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Patricia Williams ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Liver
IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8/20/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 23/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Park
24D. LOCATION (City, town, or county) (State): Arbutus Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: John E. Faber, M.D.
25C. FUNERAL DIRECTOR: Frank T. Elukers ADDRESS: 1129 N. Carrollsq

VS 151-REV. 1/1/68

1969 0 0 0 8 3 4 3

T6501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8356 REG. NO. 69 8356

1. NAME OF DECEASED (Type or Print): BENA TORAIN

2. DATE AND HOUR OF DEATH: 8/16/69 9:15P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSP BALTO. MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTO. 1204
C. CITY OR TOWN: BALTO. D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2225 BARCLAY

5. SEX: F
6. RACE: NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ SEPARATED DIVORCED ☐
8. DATE OF BIRTH: 12-7-22
9. AGE (In years last birthday): 46
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO, MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROBERT JENNINGS
14. MOTHER'S MAIDEN NAME: MARY JONES

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: SISTER — MARCELLA ADDRESS: EPP

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 436.0
DUE TO, OR AS A CONSEQUENCE OF:
(B) ESSENTIAL HYPERTENSION
DUE TO, OR AS A CONSEQUENCE OF: C.V.A.
(C) ASPIRATION PNEUMONIA.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/13 1969 to 8/16 1969 that (I) (we) last saw the deceased alive on 8/16 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harvey B. Sher M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/17/69
23C. PHYSICIAN'S NAME (Type): HARVEY B. SHER M.D. DEGREE
23D. ADDRESS: BALTO. MD. 21218 STREETS UNION MEMORIAL HOSPITAL 33RD & CALVERT

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME of CEMETERY or CREMATORY: ARBUTUS MEM. PARK
24D. LOCATION (City, town, or county) (State): WASHINGTON D.C.

25A. DATE REC'D BY HEALTH DEPT.: AUG 1 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Joseph A. Eichorn ADDRESS: 1129 N. Carlisle St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M6351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8357 REG. NO. 69 8357

1. NAME OF DECEASED (Type or Print): Martin, James

2. DATE AND HOUR OF DEATH: 8-19-69 | 6:15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 University Maryland Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: Baltimore 703
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 647 W. Lafayette Ave - #17

5. SEX: M 6. RACE: N 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6/15/23 9. AGE (In years last birthday): 46 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Repair 10B. KIND OF BUSINESS OR INDUSTRY: →

11. BIRTHPLACE (State or foreign country): South Carolina 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES MARTIN 14. MOTHER'S MAIDEN NAME: LOTTIE ROBERSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-22-5724

17. INFORMANT: GRACE NESBIT ADDRESS: Chart 477 CHAUNCEY ST. - BROOKLYN N.Y.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 400.3

(A) IMMEDIATE CAUSE: Pulmonary Arrest → Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary Edema

DUE TO, OR AS A CONSEQUENCE OF:

(C) Malignant Hypertension + Chronic Renal Failure

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 19 AM 19 69 to Aug 19 6:15 PM 19 69 that (I) (we) last saw the deceased alive on Aug 19 6:15 PM 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ernest S. Sears Jr. MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: Aug 19, 1969

23C. PHYSICIAN'S NAME (Type): Ernest S. Sears Jr. MD DEGREE

23D. ADDRESS: 22 S Greene St Balto

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 8-23-69 24C. NAME of CEMETERY or CREMATORY: SPARTENBURG Cem. 24D. LOCATION (City, town, or county) (State): SPARTANBURG S.C.

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969 25B. NAME OF REGISTRAR: [illegible] 25C. FUNERAL DIRECTOR: U.R. BAILEY ADDRESS: NELSON F.H. 1348 CALHOUN ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8358 REG. NO. 69 8358

1. NAME OF DECEASED (Type or Print): Harriet Penn

2. DATE AND HOUR OF DEATH: 8-19-69 1:25 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1304
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2303 AVALON AVENUE

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2-26-98
9. AGE (In years last birthday): 71
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN BRAXTON
14. MOTHER'S MAIDEN NAME: MARY LEE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Annie Washington
ADDRESS: Rt. 1 - Westmoreland, Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular accident — Approximate interval between onset and death: 2-3 days
DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertension — 10 yrs
DUE TO, OR AS A CONSEQUENCE OF:

(C) Possible metastatic carcinoma — 4-6 yrs

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Possible tuberculosis — 1-2 yrs

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 1 1969 to August 19 1969 that (I) (we) last saw the deceased alive on Aug. 19 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William L. Horvath M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/19/69
23C. PHYSICIAN'S NAME (Type): WILLIAM L. HORVATH M.D. DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-23-69
24C. NAME of CEMETERY or CREMATORY: Potomac Church Cem.
24D. LOCATION (City, town, or county) (State): Westmoreland Co, Virginia

25A. DATE RECD BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: 9 6 9 0 2 0
25C. FUNERAL DIRECTOR: U.R. BAILEY
ADDRESS: KELSON FH 1348 N. CALHOUN ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8359

BIRTH NO. 69 8359

1. NAME OF DECEASED (Type or Print): MARIA UDDEME

2. DATE AND HOUR OF DEATH: AUG. 19/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 310 S. EDEN ST.

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: BALTO. 301

C. CITY OR TOWN: BALTO.

D. INSIDE CITY LIMITS? YES [#] NO [ ]

E. STREET AND NUMBER: 310 S. EDEN ST.

5. SEX: F.

6. RACE: W.

7. MARRIED [#] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: OCT. 17/1899

9. AGE (In years last birthday): 69

If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SEAMSTRESS

10B. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NATALE GUGLIOTTA

14. MOTHER'S MAIDEN NAME: JOSEPHINE SPARACHINO

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-32-9611

17. INFORMANT: MR. JOSEPH UDDEME ADDRESS: 310 S. EDEN ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.9

(A) IMMEDIATE CAUSE: Myocardial Infarction (Arteriosclerosis) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO, OR AS A CONSEQUENCE OF: Congestive Heart Failure — "

(B) DUE TO, OR AS A CONSEQUENCE OF: Ventricular Aneurism — "

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Chronic Arthritis — 17 yrs.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov. 1, 1949 to August 19, 1969, that (I) (we) last saw the deceased alive on August 19, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (did not) view the body after death.

23A. SIGNATURE: Harry Linden, M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: Aug. 20, 1969

23C. PHYSICIAN'S NAME (Type): HARRY LINDEN DEGREE

23D. ADDRESS: 148 S. Broadway 21231

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: AUG. 23/69

24C. NAME of CEMETERY or CREMATORY: GARDEN OF FAITH

24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969

25B. NAME OF REGISTRAR: Robert E. Forbes M.D.

25C. FUNERAL DIRECTOR: Frank Della Nave ADDRESS: 322 S. HIGH ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

9400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8360

BIRTH NO. 69 8360

1. NAME OF DECEASED (Type or Print): ALBERT J. GALLI

2. DATE AND HOUR OF DEATH: AUG. 18 /69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 HILLCREST NURSING HOME 212 STONY RUN RD,

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: BALTO. 302
C. CITY OR TOWN: BALTO. D. INSIDE CITY LIMITS? YES # NO
E. STREET AND NUMBER: 241 S. EXETER ST.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/28/81
9. AGE (In years last birthday): 88
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LINOTYPE OPERATOR
10B. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): BALTO. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PETER GALLI
14. MOTHER'S MAIDEN NAME: MARGARET ORSOLINO

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-07-2350
17. INFORMANT: MISS JULIE POGGI 241 S. EXETER ST ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 412.3

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Heart Disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ..... 19 ..... to ..... 19 ....., that (I) (we) last saw the deceased alive on ..... 19 ..... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Humberto Certeza DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: August 18, 1969
23C. PHYSICIAN'S NAME (Type): HUMBERTO V. CERTEZA M.D. DEGREE
23D. ADDRESS: 1206 GOUCHER BLVD, BALTIMORE 21204

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: AUG. 21/69
24C. NAME of CEMETERY or CREMATORY: NEW CATH.
24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Farber (M.D.)
25C. FUNERAL DIRECTOR: Frank Reilly Sons
ADDRESS: 322 S. HIGH ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A5316

A536

69 8361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8361

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHESTER F. ANDREWS (Chester F. Andrzejewski)

2. DATE AND HOUR OF DEATH: AUGUST 20, 1969 1:55 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 701

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 514 N. LINWOOD AVENUE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11-8-11

9. AGE (In years last birthday): 57

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assembler

10B. KIND OF BUSINESS OR INDUSTRY: Westinghouse Corp.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: FELIX ANDREWS (Andrzejewski)

14. MOTHER'S MAIDEN NAME: MARGARET (WALTERS) Magdalena Wolter

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): - - - - - -

16. SOCIAL SECURITY NO.: 216-01-5390

17. INFORMANT: Mrs. Mary Andrews - 514 N. Linwood Ave.

ADDRESS: #21205

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

571.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE LAENNEC'S CIRRHOSIS	30+ YEARS
	DUE TO, OR AS A CONSEQUENCE OF:	
(B)	CHRONIC ALCOHOLISM	37 YERS
	DUE TO, OR AS A CONSEQUENCE OF:	
(C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 17 1969 to AUGUST 20 1969 that (I) (we) last saw the deceased alive on AUGUST 20 1969 and that it (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert S. Weinberg M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: August 20, 1969

23C. PHYSICIAN'S NAME (Type): ROBERT S. WEINBERG DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/23/69

24C. NAME of CEMETERY or CREMATORY: C. J. Bolly Memorary Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969

25B. NAME OF REGISTRAR: 1969 0 0 0 8 3 6 1

25C. FUNERAL DIRECTOR: George A. Weber - 705 S. Ann St. #21231

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8362

BIRTH NO. K-500 69 8362

1. NAME OF DECEASED (Type or Print): MRS. VIRGINIA W. KEENE

2. DATE AND HOUR OF DEATH: 17 August 1969 10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 211 W. LANVALE ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 1401

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 211 W. LANVALE ST

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: JAN. 20, 1920 9. AGE (In years last birthday): 49 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MEDICAL SEC'Y

10B. KIND OF BUSINESS OR INDUSTRY: DR. A. SIWINSKI

11. BIRTHPLACE (State or foreign country): RELAY, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES H. WHITE

14. MOTHER'S MAIDEN NAME: ADELINE VUVAL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHN B. KEENE ADDRESS: 211 W. LANVALE ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. 174X	(A) IMMEDIATE CAUSE: Generalized Carcinomatosis	23 mos
	DUE TO, OR AS A CONSEQUENCE OF: (B) Carcinoma breast, right	30 mos
	DUE TO, OR AS A CONSEQUENCE OF: (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from January 1967 to present 19..., that (I) (~~we~~) last saw the deceased alive on 17 August 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Arthur G. Siwinski MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 18 Aug 1969

23C. PHYSICIAN'S NAME (Type): Arthur G. Siwinski DEGREE

23D. ADDRESS: 836 Park Ave Balto. Md. 21201

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8/20/69

24C. NAME of CEMETERY or CREMATORY: MIDDLEHAN CHAPEL CEM.

24D. LOCATION (City, town, or county) (State): CALVERT CO. MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969

25B. NAME OF REGISTRAR: Robert E. Jones M.D.

25C. FUNERAL DIRECTOR: H. W. MEARS & SON ADDRESS: 805 N. CALVERT ST.

0 0 3 5 0

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. 3-350 69 8363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8363

1. NAME OF DECEASED (Type or Print): Marguerite Stein

2. DATE AND HOUR OF DEATH: Aug. 17, 1969 9:10 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Keswick, Home for Incurables
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 700 W. 40th Street, Baltimore, Md. 21211
91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 513 Stevenson Lane 21204

5. SEX: Female
6. RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8/2/1892
9. AGE (In years last birthday): 77
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10B. KIND OF BUSINESS OR INDUSTRY: Emerson Hotel
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Stein
14. MOTHER'S MAIDEN NAME: Ella Giles

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-07-3810
17. INFORMANT: Records: Keswick
ADDRESS: 700 W. 40th. St. 21211

MEDICAL CERTIFICATION

1B. 4/12/21

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebral Vascular Accident — None
DUE TO, OR AS A CONSEQUENCE OF:
(B) left hemiparesis Hypertensive Cardiovasc. Disease with — 2 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C) Hypertension — 20 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 18 Aug 1969 to 17 Aug 1969, that (I) (we) last saw the deceased alive on 17 Aug 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Aubrey D. Richardson M.D. DEGREE
Attending Phys. [ ] Med. Director [✓] Staff Phys. [ ]
23B. DATE SIGNED: 18 Aug 1969
23C. PHYSICIAN'S NAME (Type): Aubrey D. Richardson, M.D. DEGREE
23D. ADDRESS: 700 W. 40th Street

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/20/69
24C. NAME of CEMETERY or CREMATORY: NEW CATHEDRAL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Foxley M.D.
25C. FUNERAL DIRECTOR: H. W. MEARS & SON
ADDRESS: 805 N. CALVERT ST.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-200 69 8364

REG. NO. 69 8364

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MR. RAYMOND A. DIGGS

2. DATE AND HOUR OF DEATH: 8-17-69 | 4:15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MARYLAND GENERAL HOSPITAL 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2710
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [1] ✓ NO [ ]
E. STREET AND NUMBER: 5026 The Alameda 21212.

5. SEX: M
6. RACE: N.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3/28/10.
9. AGE (In years last birthday): 59
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lt. Colonel. USA.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Diggs.
14. MOTHER'S MAIDEN NAME: Chesley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES. (If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.: 578-09-4081
17. INFORMANT: Hosp. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: RESPIRATORY ARREST. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: MINUTES.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Chronic Renal Failure. — 10-15 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C) Diabetes, hypertension. — yrs.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Atelectasis, pleural effusions.

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that I (this hospital) attended the deceased from 8/13 1969 to 8/17 1969, that I (we) last saw the deceased alive on 8/17 1969 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 8/18/69
23C. PHYSICIAN'S NAME (Type): WILKE. DEGREE
23D. ADDRESS: MGH.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8.21.69
24C. NAME of CEMETERY or CREMATORY: ARLINGTON NAT'L. CEMETERY
24D. LOCATION (City, town, or county) (State): FT. MYER, VIRGINA

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: [signature]
ADDRESS: 1820 9TH ST. NW WASH., D.C.

VS 150-REV. 1/1/68

M-420

BIRTH NO. 69 8365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8365

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Mary Anna Mielke

2. DATE AND HOUR OF DEATH: 17-Aug 69 | 7:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore Gen. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2401
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1461 Towson St.

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 27-Oct-00
9. AGE (In years last birthday): 68
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Arcade/Ice Cream
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: August Edell
14. MOTHER'S MAIDEN NAME: Anna Helfrich
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-34-3192
17. INFORMANT: Albert Mielke
ADDRESS: 1461 Towson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

403X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Renal Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 months
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriolar Nephrosclerosis — >2 months
DUE TO, OR AS A CONSEQUENCE OF:

(C) Hypertension — >5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Peptic Ulcer

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 26-July 1969 to 17-Aug 1969 that (I) ~~(we)~~ last saw the deceased alive on 17-Aug 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Richard E. Fisher MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 17-Aug-69
23C. PHYSICIAN'S NAME (Type): Richard E Fisher M.D. DEGREE
23D. ADDRESS: South Baltimore Gen Hosp

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/20/69
24C. NAME of CEMETERY or CREMATORY: Most Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: Charles L. Stevens Funeral Home, Inc.
ADDRESS: 803 E. Fort Avenue

VS 150-REV. 1/1/68

F-652

BIRTH NO. 69-14127 69 8366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8366

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): FRANCE B. B. MICHAEL FRANCE

2. DATE AND HOUR OF DEATH: 8/19/69 4:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: U.S.A. 2610
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 608 N. HIGHLAND ST.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/12/69
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: B; If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: CHARLES E. FRANCE
14. MOTHER'S MAIDEN NAME: GLORIA D. FORSTER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charles France ADDRESS: 608 N. Highland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: RESPIRATORY FAILURE
DUE TO, OR AS A CONSEQUENCE OF:
(B) INTRACRANIAL HEMORRHAGE
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/12 19 69 to 8/19 19 69 that (I) (we) last saw the deceased alive on 8/19 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE: Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-19-69
23C. PHYSICIAN'S NAME (Type): F. J. HELDRICH DEGREE:
23D. ADDRESS: CHURCH HOME HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-19-1969
24C. NAME of CEMETERY or CREMATORY: Belair Memorial Gardens
24D. LOCATION (City, town, or county) (State): Belair, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 21 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 1901-07 Eastern Ave.

VS 150-REV. 1/1/68

B-320 69 8367

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8367

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Florence M. Boddice — Mrs. Florence Boddice

2. DATE AND HOUR OF DEATH: 8/19/69 | 6:12 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Maryland General — Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2636
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1201 Tennant Way

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 1/25/98
9. AGE (in years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: L. R. Mack
14. MOTHER'S MAIDEN NAME: Annie Divinney

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-26-7250
17. INFORMANT: Mrs. Sara Michalski (Daughter)
ADDRESS: 2807 Wells Road, Baltimore, Md. 21219

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — 48 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C) ASCVD — years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/17 1969 to 8/19 1969 that (I) (we) last saw the deceased alive on 8/19 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Louis E. Grunzer DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/19/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: Maryland General Hospital, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: John J. Duda
ADDRESS: 7922 Wise Ave. Dundalk, Md.

8555

VS 150-REV. 1/1/68

1

P-620 69 8368

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8368

BIRTH NO.

31/99

1. NAME OF DECEASED (Type or Print): FRANCIS J. POWERS

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 20, 1969 Hour 1:50 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CITY HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Edgemere
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Rte. 10, Box 155

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: July 11, 1898
10. AGE (In years last birthday): 71
If Under 1 Yr. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John F. Powers
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance - Bethlehem Steel Co. Retired
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Mary O'Grady
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO. 398-01-8097
18. INFORMANT: Mrs. Anna Powers, (Wife) ADDRESS: Rt. #10 Box 155 Balto. Md. 21219

MEDICAL CERTIFICATION

19. 4127

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8/20/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John J. Duda
ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 151-REV. 1/1/68

1969 0 0 0 8 3 5 6

R-200 69 8369

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8369

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): REISS, MORRIS NMN

2. DATE AND HOUR OF DEATH: AUGUST 18, 1969 — 5:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Blvd., BALTIMORE, MARYLAND 21218
23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: BALTO. CO. 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3513 JO-ANN Drive

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12/23/93
9. AGE (In years last birthday): ~~76~~ 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Bar Owner~~ RETAIL
10B. KIND OF BUSINESS OR INDUSTRY: SALESMAN
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Israel Reiss
14. MOTHER'S MAIDEN NAME: ~~Reissx~~ ~~Regina~~ UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 6/11/18-12/15/18
16. SOCIAL SECURITY NO.: 137-03-83-88
17. INFORMANT: MR. AARON REISS ~~Veterans Hospital Records Baltimore Md 21218~~
ADDRESS: 3627 PASKIN PLACE

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 250.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: GENERALIZED ATHEROSCLEROTIC — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: YRS

DUE TO, OR AS A CONSEQUENCE OF: CARDIOVASCULAR DISEASE

(B) DUE TO, OR AS A CONSEQUENCE OF: DIABETES MELLITUS — YRS

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): CHRONIC URINARY TRACT INFECTION — YRS

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from May 17, 1968 to August 18, 1969 that (X) (we) last saw the deceased alive on August 18, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles C. DeFelice DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: August 18, 1969
23C. PHYSICIAN'S NAME (Type): DR. CHARLES DEFLICE DEGREE
23D. ADDRESS: Veterans Administration Hosp., Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: MT. HEBRON
24D. LOCATION (City, town, or county) (State): LONG ISLAND, NEW YORK

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Sauber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

969 0 0 8 3 9 7

VS 150-REV. 1/1/68

C-250 69 8370

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8370

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): ROBERT COGAN

2. DATE AND HOUR OF DEATH: AUGUST 19, 1969 — 10:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 130 SLADE AVENUE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: MARCH 14, 1898
9. AGE (In years last birthday): 71
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10B. KIND OF BUSINESS OR INDUSTRY: LADIES STORE
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ZOLOMON COGAN
14. MOTHER'S MAIDEN NAME: ROSE ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. REVA COGAN, 130 SLADE AVENUE, APT. 102
ADDRESS #21208

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute coronary insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Atherosclerotic CVD — 7 yrs
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JAN 1962 to Aug 19 1969, that (I) ~~(we)~~ last saw the deceased alive on Aug 19 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-20-69
23C. PHYSICIAN'S NAME (Type): SIDNEY SCHERLIS DEGREE
23D. ADDRESS: 11 E. CHASE STREET

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: BETH EL MEMORIAL PARK
24D. LOCATION (City, town, or county) (State): RANDALLSTOWN, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 9/1/68

8350

BIRTH NO. S-165 69 8371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8371

1. NAME OF DECEASED (Type or Print): MEYER SAFFRON

2. DATE AND HOUR OF DEATH: AUGUST 19, 1969 | 7 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2831
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6600 EBERLE DRIVE, APT. 204

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-22-1899
9. AGE (In years last birthday): 70
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CUTTER
10B. KIND OF BUSINESS OR INDUSTRY: CLOTHING
11. BIRTHPLACE (State or foreign country): BALTIMORE, ~~XXXXXX~~MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH SAFFRON
14. MOTHER'S MAIDEN NAME: TILLIE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-09-3412
17. INFORMANT: MRS. DORA SAFFRON, 6600 EBERLE DR., APT. 204
ADDRESS: ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF: none
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): none

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Aug 18 1969 to Aug 19 1969, that (I) (~~we~~) last saw the deceased alive on Aug 19 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (did ~~not~~) view the body after death.

23A. SIGNATURE: Manuel Levin M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/19/69
23C. PHYSICIAN'S NAME (Type): MANUEL LEVIN DEGREE
23D. ADDRESS: 6101 PARK HEIGHTS AVENUE Balto-15 Md

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: ANSHE EMUNAH AITZ CHAIM
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

69 8372

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. M-460

REG. NO. 69 8372

1. NAME OF DECEASED (Type or Print): Philip S. Miller

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 8 Day: 18 Year: 69 Hour: 4:17 p. M.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 18 Year: 69 Hour: 4:17 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2798
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3526 W. Garrison Ave.

6. SEX: male
7. RACE: white
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH
10. AGE (In years last birthday): 65 — If Under 1 Yr. Months: Days: Hours: Min.:
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOSEPH JACOB SLICK
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WHOLESALE
14B. KIND OF BUSINESS OR INDUSTRY: SPECIALTIES
15. MOTHER'S MAIDEN NAME: UNKNOWN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 218-32-2509
18. INFORMANT: MR. JACK MILLER, c/o MR. REUBEN PROPER ADDRESS: 3313 HILLSMERE ROAD #21207

MEDICAL CERTIFICATION

19. 412.4 I

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 8/19/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-20-69
24C. NAME of CEMETERY or CREMATORY: PETACH TIKVAH
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969 Robert E. Jackey M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS. INC. ADDRESS: 6010 REISTERSTOWN ROAD, BALTIMORE 21215

VS 151-REV. 7/1/68

G-432 69 8373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8373

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Goldstein, Bessie

2. DATE AND HOUR OF DEATH: 8-18-1969 | 10:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Levindale home & infirmary Balto, Maryland 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2717

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: LEVINDALE AGED HOME

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH:

9. AGE (In years last birthday): 78

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ABBA WOLPERT

14. MOTHER'S MAIDEN NAME: BLUMA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-20-5975A

17. INFORMANT: MRS. RAE KOENIGSBERG

ADDRESS: 8415 ALLENSWOOD RD.

MEDICAL CERTIFICATION

1B. 713.3

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Tracheo-Bronchitis

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary edema

DUE TO, OR AS A CONSEQUENCE OF:

(C) Advanced rheumatoid arthritis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3-[redacted]-27-1969 to 8-18-1969, that (I) (we) last saw the deceased alive on 8-18-1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Young Hea Lew MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 8-18-69

23C. PHYSICIAN'S NAME (Type): Young Hea Lew DEGREE

23D. ADDRESS: LEVINDALE home, Balto, MD 21215

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8-20-69

24C. NAME of CEMETERY or CREMATORY: BNAI ISRAEL

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969

25B. NAME OF REGISTRAR: Robert E. Naiden, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN ROAD

1969 008 5

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-450 69 8374

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8374

1. NAME OF DECEASED (Type or Print): Bloom, charles

2. DATE AND HOUR OF DEATH: 8/18/69 1:35 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: ~~Baltimore~~ 2717

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 2703 W. BELVEDERE AVENUE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/15/90

9. AGE (In years last birthday): ~~XXX~~ 69

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAILOR

10B. KIND OF BUSINESS OR INDUSTRY: SHOP

11. BIRTHPLACE (State or foreign country): LITHUANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL BLOOM

14. MOTHER'S MAIDEN NAME: TILLIE TIUSFUS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): ?

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. BERTHA BROWN

ADDRESS: 2703 W. BELVEDERE AVE. 2nd Floor

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 Hours.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Heart Disease — 10 years.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from January 1960 to Aug. 18 1969, that (I) (~~we~~) last saw the deceased alive on Aug 18 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~/~~did not~~) view the body after death.

23A. SIGNATURE: Albert Himelfarb M.D. DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: Aug. 18. 1969.

23C. PHYSICIAN'S NAME (Type): ALBERT J. HIMELFARB MD DEGREE

23D. ADDRESS: 3501 ST. Paul ST. Balto Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8-19-69

24C. NAME of CEMETERY or CREMATORY: ANSHE EMUNAH AITZ CHAIM

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN RD.

1 9 6 9 0 0 8 3 6 2

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-521 69 8375

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8375

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): LENA GINSBERG

2. DATE AND HOUR OF DEATH: 8-17-69 at 4 55 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1509
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 4015 Norfolk Ave.

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 10/28/1889
9. AGE (In years last birthday): 79
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT: MR. SIDNEY H. COHEN
ADDRESS: 4015 NORFOLK AVE. #21216

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Several minutes
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Chronic Coronary Insufficiency — many Years
DUE TO, OR AS A CONSEQUENCE OF:

(C) due to ASCAVD.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-29-69 19 to 8-17- 19 69 that (I) (we) last saw the deceased alive on 8-16 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Hoorazar, DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-17-69
23C. PHYSICIAN'S NAME (Type): R. Hoorazar DEGREE
23D. ADDRESS: Sinai hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-19-69
24C. NAME of CEMETERY or CREMATORY: BALTIMORE NATIONAL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE RECD BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: 1969 0 0 0 8 3 8 3
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

B-452 69 8376

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8376

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BENJAMIN BLANK

2. DATE AND HOUR OF DEATH: August 15, 1969 | 6 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL 38 BALTIMORE, MD. 21201

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 2720
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 6400 PARK HEIGHTS AVE

5. SEX: M 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 6/10/02 9. AGE (In years last birthday): 67 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive
10B. KIND OF BUSINESS OR INDUSTRY: NAC.
11. BIRTHPLACE (State or foreign country): Maryland Balto
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PETER BLANK
14. MOTHER'S MAIDEN NAME: Mary

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT: Bessie Blank – Same ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: SEPTICEMIA, RENAL FAILURE
DUE TO, OR AS A CONSEQUENCE OF:
(B) RESPIRATORY INSUFFICIENCY 2° to
DUE TO, OR AS A CONSEQUENCE OF:
(C) PULMONARY EMPHYSEMA.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/27/69 19 to 8/15/69 19 that (I) (we) last saw the deceased alive on 8/15/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Vicente R. Carag Jr. M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/15/69
23C. PHYSICIAN'S NAME (Type): VICENTE A. CARAG JR. MD. DEGREE
23D. ADDRESS: UNIVERSITY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/17/69
24C. NAME of CEMETERY or CREMATORY: Shaarei Zion Cem
24D. LOCATION (City, town, or county) (State): Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Gill Funeral Home Inc. ADDRESS: 6101 Reisterstown Rd.

VS 150-REV. 1/1/68

R-200 69 8377

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8377

CERTIFICATE AMENDED 8/26/69

1. NAME OF DECEASED (Type or Print): Susanne Rosche

2. DATE AND HOUR OF DEATH: 8/17/69 0:05 A M.

PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Maryland General Hospital

IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION: 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore 5300

C. CITY OR TOWN: Reisterstown

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: Route 1 Box 117 Dover Rd.

5. SEX: F

6. RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/18/32

9. AGE (In years last birthday): 37

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adalbert Herman

14. MOTHER'S MAIDEN NAME: Rozalia Dancs

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-34-3916 ~~220-20-0502~~

17. INFORMANT: Richard Rosche Hush

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebellar tumor ~~Medulloblastoma~~

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/30 1969 to 8/17 1969 that (I) (we) last saw the deceased alive on 8/16 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard C. Keech, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8/17/69

23C. PHYSICIAN'S NAME (Type): Richard C. Keech, M.D. DEGREE

23D. ADDRESS: 827 Linden Ave., Baltimore.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Aug 20, 1969

24C. NAME of CEMETERY or CREMATORY: Dulaney Valley Gardens

24D. LOCATION (City, town, or county) (State): Cockeysville, Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969

25B. NAME OF REGISTRAR: Robert E. Farley M.D.

25C. FUNERAL DIRECTOR: N. J. Schlendt

ADDRESS: Owings Mills, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Social Security Card for Mary Susanne Herman

D-120

BIRTH NO. 69 8378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8378

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ALYCE AMOND DAVIS

2. DATE AND HOUR OF DEATH: 8-20-69 | 1:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 SOUTH BALTIMORE GEN HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2534
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 35-31 3rd STREET 21225

5. SEX: F
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4-24-96
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: UNK
14. MOTHER'S MAIDEN NAME: BLANCHE ~~ECHART~~ Eckhardt
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-01-3814A
17. INFORMANT: Mr. Henry C. Davis ADDRESS: CHART 3531 3rd St. 21225

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: PULMONARY EMBOLUS
DUE TO, OR AS A CONSEQUENCE OF:
(B) UREMIA
DUE TO, OR AS A CONSEQUENCE OF:
(C) ACUTE TUBULAR NECROSIS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: DIABETES MELLITUS

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-6 19 65 to 8-20 19 69 that (I) (we) last saw the deceased alive on 8-20 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-20-69
23C. PHYSICIAN'S NAME (Type): MARIANO A. TOLENTINO DEGREE
23D. ADDRESS: SOUTH BALT. GEN. HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: [signature] Jaber, M.D.
25C. FUNERAL DIRECTOR: McCally F. H. ADDRESS: 237 Patapsco Ave. 21225

VS 150-REV. 1/1/68

1

S-632 69 8379

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8379

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Harry L. Swartz

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 8 Day: 19 Year: 69 Hour: 11:40 a.m.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 19 Year: 69 Hour: 11:40 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 Albion Hotel-900 Cathedral St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1102
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 900 Cathedral St.

6. SEX: male
7. RACE: white
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Nov. 25, 1900
10. AGE (In years last birthday): 68 — If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): —
17. SOCIAL SECURITY NO. 166-18-5661
18. INFORMANT: Lillian Swartz ADDRESS: 909 Park Ave. Laurel Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 8/19/69

24A. ~~BURIAL CREMATION~~, REMOVAL (Specify): Burial 8/22/69
24B. ~~DATE~~
24C. NAME of CEMETERY or CREMATORY: Loudon PK
24D. LOCATION (City, town, or county) (State): Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: E.S. MacNabb ADDRESS: 301 Frederick Rd Balto Md 21228

VS 151-REV. 7/1/68

1969 0 0 0 8 3 8 7

52-98-67 IB 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-514 69 8380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8380

1. NAME OF DECEASED (Type or Print): RITA C. CAMPBELL

2. DATE AND HOUR OF DEATH: 8/19/69 2:30 AM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS, 4940 EASTERN AVENUE, BALTIMORE, MARYLAND 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2605
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6907 EASTBROOK AVENUE, 21224

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3-29-9[illegible]
9. AGE (In years last birthday): 7[illegible]
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: HOUSE WORK
11. BIRTHPLACE (State or foreign country): FLORIDA, JACKSONVILLE.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: PARKER
14. MOTHER'S MAIDEN NAME: EVANS, EVA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: 214-01-2778
17. INFORMANT: RECORDS-BCH-4940 EASTERN AVENUE, BALTIMORE
ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 436.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: RECURRENT CEREBRAL VASCULAR ACCIDENTS
DUE TO, OR AS A CONSEQUENCE OF:
(B) MITRAL VALVE DISEASE WITH ATRIAL FIBRILLATION
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
GRANULOMATOUS LUNG DISEASE
URINARY TRACT INFECTION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 2/23 19 69 to 8/19 19 69 that ~~(I)~~ (we) last saw the deceased alive on 8/19 19 69 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: James R. Fonk M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/19/69
23C. PHYSICIAN'S NAME (Type): JAMES R. FONK M.D. DEGREE
23D. ADDRESS: BALTO. CITY HOSPITALS.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-23-69
24C. NAME of CEMETERY or CREMATORY: St. Mary's Cemetery
24D. LOCATION (City, town, or county) (State): Chicago Ave., Minneapolis, Minn.

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles L. Reiter
ADDRESS: 6224 Eastern Ave. Balto., 21224, Md.

VS 150-REV. 1/1/68

S-163 69 8381

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8381

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Mary Grace Sheppard

2. DATE AND HOUR OF DEATH: August 20, 1969 | 8:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 511 E. 41 Street, Baltimore, Md. 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland 21218 B. COUNTY: 901

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 511 E. 41 Street

5. SEX: Female

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: Sept. 24, 1875

9. AGE (In years last birthday): 93

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Calieb Henry

14. MOTHER'S MAIDEN NAME: Eliza Sank

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: 220-54-5522

17. INFORMANT: M. Elma Sheppard (Daughter) ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4124

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: ARTERIO-SCLEROTIC-

DUE TO, OR AS A CONSEQUENCE OF: CARDIO-VASCULAR DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15 YRS.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from JAN. 1964 to AUG. 20, 1969, that (I) (~~we~~) last saw the deceased alive on AUG. 14 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Lloyd E. Saylor M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: AUG. 21, 1969

23C. PHYSICIAN'S NAME (Type): Lloyd E. Saylor M.D. DEGREE

23D. ADDRESS: 3902 Greenmount Ave. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/23/1969

24C. NAME of CEMETERY or CREMATORY: Mt. Olivet Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969

25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.

25C. FUNERAL DIRECTOR: Euginia K. Seitz 5209 York Road

ADDRESS: Seitz Funeral Home Balto. Md. 21212

1969 0 0 0 8

VS 150-REV. 1/1/68

1-520

C-520 69 8382

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8382

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): TONG CHING

2. DATE AND HOUR OF DEATH: 8/19/69 11 50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL
38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: ~~BA~~ 21218 903
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3600 Blk. ELKADER Rd

5. SEX: M
6. RACE: Chinese ~~Mongolian~~
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] ? DIVORCED [ ]
8. DATE OF BIRTH: ?
9. AGE (In years last birthday): About 68 yo
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10B. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): CHINA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Springfield State Hospital - RECORD - ADDRESS: Sykesville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: SEPSIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20+ hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) URINARY RETENTION — 48 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Benign prostatic hypertrophy — years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Dehydration — UNKNOWN

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner) —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from Aug. 18 1969 to Aug. 19 1969 that (I) (we) last saw the deceased alive on August 19 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David S. McHold M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/19/69
23C. PHYSICIAN'S NAME (Type): DAVID S. McHOLD MD DEGREE
23D. ADDRESS: UNIV. HOSP.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/21/69
24C. NAME of CEMETERY or CREMATORY: Lorraine
24D. LOCATION (City, town, or county) (State): Woodlawn, Balto.Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Stewart & Mowen Co. ADDRESS: 108 W. North ave. City 1

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8383

BIRTH NO. A-320 69 8383

1. NAME OF DECEASED (Type or Print): Rose T. Auts

2. DATE AND HOUR OF DEATH: 8/17/69 2:55 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto City 1207
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 427 W 23 St.

5. SEX: F
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2/4/1917
9. AGE (In years last birthday): 52
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Lady
10B. KIND OF BUSINESS OR INDUSTRY: Delicatessen
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alfred Cianferano
14. MOTHER'S MAIDEN NAME: Mildred —
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 218051541
17. INFORMANT: Herbert H. Auts
ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Congestive heart failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Ventricular fibrillation
DUE TO, OR AS A CONSEQUENCE OF:
(C) Coronary atherosclerosis

412.3

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/17 1969 to 8/17 1969, that (I) (we) last saw the deceased alive on 8/17/69 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard C. Keech, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/17/69
23C. PHYSICIAN'S NAME (Type): Richard C. Keech, M.D. DEGREE
23D. ADDRESS: 827 Linden Ave. Balto.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-21-69
24C. NAME of CEMETERY or CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Woodlawn Balto Co Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D. By Harold H. Bunger
25C. FUNERAL DIRECTOR: Burger Funeral Home
ADDRESS: Balto Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

Y-524 69 8384

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8384

BIRTH NO.

44/99

1. NAME OF DECEASED (Type or Print): JESSE Robert YINGLING

2. DATE OF DEATH — Known [X] Estimated [ ] — Month August, Day 18, Year 1969, Hour M.

3. DATE PRONOUNCED DEAD — Month August, Day 18, Year 1969, Hour 8:10 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 905
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1128 Gorsuch Avenue

6. SEX: Male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: July 31 1906
10. AGE (In years last birthday): 63
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jesse Yingling

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
14B. KIND OF BUSINESS OR INDUSTRY: Railway Express
15. MOTHER'S MAIDEN NAME: Effie Smith

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 212 01 1443
18. INFORMANT: Mrs Doris Crump ADDRESS: N. Canton Ohio

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E953 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hanging
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No) (Partial) Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): (basement) - 1128 Gorsuch Avenue 905

22D. TIME OF INJURY (APPROX.) (Month) 8-17 or (Day) 8-18-69 (Year) ? (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Hanged self

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] (Partial) and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [X] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: August 18, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-21-69
24C. NAME of CEMETERY or CREMATORY: Meadow Branch Cem
24D. LOCATION (City, town, or county) (State): Carroll Co Md

25A. DATE REC'D BY HEALTH DEPT. AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Burgee Funeral Home Baltimore
ADDRESS

Reg. Aug 21 1969 By: Nellie Bowen

VS 151-REV. 1/1/68

R-200

BIRTH NO. 69 8385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8385

1. NAME OF DECEASED (Type or Print): GUSSIE A. RICE

2. DATE AND HOUR OF DEATH: 20 AUGUST 69, 1 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL
44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1703
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 609 W. LAFAYETTE AVE

5. SEX: F
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4 JULY 03
9. AGE (In years last birthday): 66
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA, Idamons
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: WESLEY RICE
14. MOTHER'S MAIDEN NAME: LILIA ROBINSON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-32-3357A
17. INFORMANT: MRS ADA R. SMITH
ADDRESS: LANCASTER, VA

MEDICAL CERTIFICATION

18. 4419 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Ruptured aortic aneurism
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

8/8 Jore (MD)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7 AUGUST 69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: GI BLEEDING
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner): NO
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 20 AUGUST 19 69 to 20 AUGUST 19 69 that (I) (we) last saw the deceased alive on 20 AUGUST 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 21 AUG 1969
23C. PHYSICIAN'S NAME (Type): EDWARD J. FLYNN JR MD DEGREE
23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME of CEMETERY or CREMATORY: Arbutus, Mem. Park Cem.
24D. LOCATION (City, town, or county) (State): Arbutus, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Morton E. Dyett Funeral Home Inc.
ADDRESS: 1701 Lafayette Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

A. 652 69 8386

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 68-04588 REG. NO. 69 8386

1. NAME OF DECEASED (Type or Print) (Teresa) THERESA B. ARRINGTON

2. DATE OF DEATH Known [X] Estimated [ ] Month August Day 20 Year 1969 Hour M.

3. DATE PRONOUNCED DEAD Month August Day 20 Year 1969 Hour 9:31 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Union Memorial Hospital (DOA)

8-17-69

44/99

CERTIFICATE AMENDED

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 2710

6. SEX Female
7. RACE Negro
8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
C. CITY OR TOWN Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH 3-11-1968
10. AGE (In years last birthday) 17 months If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
E. STREET AND NUMBER 4434 Wrenwood Avenue

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joe Arrington

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME Phyllis Arrington

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. -0-
18. INFORMANT Mr. Joe Arrington ADDRESS 4434 Wrenwood Avenue

MEDICAL CERTIFICATION

19. 485X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Acute bronchopneumonia

(A) IMMEDIATE CAUSE Sudden death in infancy
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE Charles S. Springate M.D.
EXAMINER'S NAME (Type) Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED August 21, 1969

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 8-23-69
24C. NAME of CEMETERY or CREMATORY Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. AUG 22 1969
25B. NAME OF REGISTRAR Robert E. Yeakey, M.D.
25C. FUNERAL DIRECTOR MORTON & DYETT F.H.
ADDRESS 1701 Laurens Street

1969 0 0 0 8 3 7 4

VS 151-REV. 1/1/68

Letter from M.E.'s office 9-17-69 M.H.

BIRTH NO. P-625 69 8387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8387

1. NAME OF DECEASED (Type or Print): Perkins, Martha E.

2. DATE AND HOUR OF DEATH: 8-19-69 | 3:22 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1607
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1003 ROSEDALE STREET

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-15-05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brooklyn, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES GARRETT
14. MOTHER'S MAIDEN NAME: ELIZA BOOTH

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-30-9470
17. INFORMANT: Mr. Joseph Perkins
ADDRESS: 1003 Rosedale St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 15/19

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Uremia	2 weeks
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Renal failure	3 weeks
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	metastatic gastric carcinoma	12 months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 03-17-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: abdominal mass
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-3 1969 to 8-19 1969, that (I) (we) last saw the deceased alive on 8-19 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald W. Bryan MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-19-69
23C. PHYSICIAN'S NAME (Type): Donald W. Bryan MD DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-23-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

1969 008387

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

13 62 11

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-652 69 8388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8388

1. NAME OF DECEASED (Type or Print): Cornish, Bernice

2. DATE AND HOUR OF DEATH: 8/20/69 7 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1503

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2211 Presbury Street

5. SEX: F

6. RACE: N

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9/2/22

9. AGE (In years last birthday): 46

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundrey Worker

10B. KIND OF BUSINESS OR INDUSTRY: Elite

11. BIRTHPLACE (State or foreign country): Wilmington, North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William McNeal

14. MOTHER'S MAIDEN NAME: Lillian Green

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-14-5806

17. INFORMANT: Mr. William Cornish, Jr. ADDRESS: 2211 Presbury St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: RESPIRATORY FAILURE

DUE TO, OR AS A CONSEQUENCE OF:

(B) METASTATIC BREAST CA. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 YRS

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): BACTERIAL PNEUMONIA. — 1 WK

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/18 1969 to 8/20 1969 that (I) (we) last saw the deceased alive on 8/20 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8/20/69

23C. PHYSICIAN'S NAME (Type): MICHAEL J. PRESCE M.D. DEGREE

23D. ADDRESS: 601 N. BROADWAY #1000, BALTO.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/25-69

24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969

25B. NAME OF REGISTRAR: [signature]

25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-300 69 8389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8389

1. NAME OF DECEASED (Type or Print): WALTER W. BOYD

2. DATE AND HOUR OF DEATH: August 19, 1969. 12:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2209 Southern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2733

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2209 Southern Avenue

5. SEX: Male 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Aug. 26, 1893 9. AGE (In years last birthday): 75 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Welder

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Boyd

14. MOTHER'S MAIDEN NAME: Ida Sharp

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-03-7292

17. INFORMANT: A Mrs. Gertrude Boyd ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
410.9	(A) IMMEDIATE CAUSE: Acute coronary thrombosis	Immediate
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Arteriosclerotic C.V. disease	15 yrs
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Stokes Adams Syndrome	

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from May 5 1963 to Aug. 19 1969, that (I) (~~we~~) last saw the deceased alive on Aug 17 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: H. V. Harbold M.D. DEGREE Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: Aug 19, 1969

23C. PHYSICIAN'S NAME (Type): H. V. HARBOLD M.D. DEGREE

23D. ADDRESS: 4706 Harford Rd Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/22/69

24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

B-200 69 8390

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8390

1. NAME OF DECEASED (Type or Print): Andrew R. Bush ~~X-XXXXXXX~~

2. DATE AND HOUR OF DEATH: 8-18-69 12:45 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Union Memoral Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland. B. COUNTY: 904

C. CITY OR TOWN: Baltimore, Md. D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 713 E. 30th Street

5. SEX: Male

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11-5-99

9. AGE (In years last birthday): 69

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Air Plane Mechanic

10B. KIND OF BUSINESS OR INDUSTRY: Martin Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Andrew Bush

14. MOTHER'S MAIDEN NAME: Delia Creswell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-09-6917

17. INFORMANT: Martha Bush ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Rupture of Aneurism of Aorta

DUE TO, OR AS A CONSEQUENCE OF:

(B) Severe atherosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

S R José MD

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-18-69 1:00 A.M. to 8-18-69 12:45 P.M. that (I) (we) last saw the deceased alive on 8-18- 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: José A. Escalante M. D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8-18-69

23C. PHYSICIAN'S NAME (Type): José A. Escalante M.D. DEGREE

23D. ADDRESS: The Union Memorial Hospital.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/22/69.

24C. NAME of CEMETERY or CREMATORY: Immanuel Lutheran Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969

25B. NAME OF REGISTRAR: Robert E. Tagley, M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-150 69 8391

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8391

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Thomas Rubino

2. DATE AND HOUR OF DEATH: 8/20/69 | 9 a M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2757
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2915 Berwick Ave

5. SEX: M
6. RACE: Cauc
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2/25/98
9. AGE (In years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker Ret.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ~~Italy~~ Sicily
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Salvatore Rubino
14. MOTHER'S MAIDEN NAME: Mattia Rubino
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): ~~XX~~ Yes
(If yes, give war or dates of service): ~~XXXXX~~ WWI
16. SOCIAL SECURITY NO. 220-18-4362
17. INFORMANT: Mrs. Catherine Rubino, 2915 Berwick Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septicemia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(C) Emphysema

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/21/1969 to 8/20/1969 that (I) (we) last saw the deceased alive on 8/20/1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Arnold V. Fuller MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/20/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-25-69
24C. NAME of CEMETERY or CREMATORY: Balto. Nat'l
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Lackey, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Puck, Inc., 5305 Harford Rd;
ADDRESS

VS 150-REV. 1/1/68

54-79-75 CSK

S-152 69 8392

BIRTH NO. 69-13728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8392

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SPENCER B. GIRL ~~Paula~~

2. DATE AND HOUR OF DEATH: 8/2/69 7 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS 4940 Eastern Ave. Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1506
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3005 Westwood Ave. Baltimore, Md. 21216

5. SEX: Female
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-26-69
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: 5 If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: PAULA SPENCER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: 4940 Eastern Ave. BCH Records: Baltimore, Md. 21224 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIORESPIR. ARREST
DUE TO, OR AS A CONSEQUENCE OF:

(B) ASPIRATION
DUE TO, OR AS A CONSEQUENCE OF:

(C) SEPSIS OF CONGENITAL ABNORMALITIES — 3-5 days

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/1/69 19 to 8/2/69 19 that (I) (we) last saw the deceased alive on 8/2 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-2-69
23C. PHYSICIAN'S NAME (Type): REVADER DEGREE
23D. ADDRESS: 4940 Eastern Ave. Baltimore, Md. BALTIMORE CITY HOSPITAL 4940

24A. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24B. DATE: 8-5-69
24C. NAME of CEMETERY or CREMATORY: BALTIMORE CITY HOSPITALS
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND 21224

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL ADDRESS

VS 150-REV. 1/1/68

D-263 69 8393

BIRTH NO. 69-95162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8393 4

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): DIEGERT Baby girl ~~Gloria~~

2. DATE AND HOUR OF DEATH: 8-8-69 1.30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore city Hospitals 4940 Eastern Ave. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2634
C. CITY OR TOWN: Balto Md
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 21205 5042 E. EAGER ST. 21205 007

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-8-69
9. AGE (In years last birthday): Less than 1 day
If Under 1 Yr. Months: Days: Hours: 9 Min.: 29
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland Baltimore city hosp.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William O Deigert
14. MOTHER'S MAIDEN NAME: Masterson
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH RECORDS: 4940 Eastern Ave. 21224 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST SECONDARY TO — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 hours
DUE TO, OR AS A CONSEQUENCE OF: DEEP HYPOXIA AND ACIDOSIS

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) RESPIRATORY DISTRESS SYNDROME — 9h 29 min
DUE TO, OR AS A CONSEQUENCE OF:

(C) FETAL DISTRESS IN UTERO (PREMATURITY DYSMATURITY) — one week

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): PRECIPITATED LABOR AND BREECH DELIVERY - ANEMIA

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4.31 am 8-8- 1969 to 1.30 pm 8-8- 1969 that (I) (we) last saw the deceased alive on 1.30 pm 8 8 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B.F. Petit DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-8-69
23C. PHYSICIAN'S NAME (Type): BAUDOUIN F. PETIT DEGREE
23D. ADDRESS: BALTIMORE CITY HOSPITALS 4940 Eastern Ave. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Cremated
24B. DATE: 8/11/69
24C. NAME of CEMETERY or CREMATORY: Baltimore City Hospitals
24D. LOCATION (City, town, or county) (State): 4940 Eastern Ave., Baltimore, Md. 21224

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL ADDRESS

VS 150-REV. 1/1/68

P-536 69 8394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8394

BIRTH NO.

1. NAME OF DECEASED (Type or Print): PENDER, Tillie AK/as Tillie Penczek

2. DATE AND HOUR OF DEATH: 8/21/69 6 40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 102
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ✓ NO
E. STREET AND NUMBER: 506 S. ~~Stricker~~ Streeper St. 21224

5. SEX: Female
6. RACE: White
7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/19/00
9. AGE (In years last birthday): 69 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10B. KIND OF BUSINESS OR INDUSTRY: Uniform Mfg.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Casimir Penczek ~~Casper Pender~~
14. MOTHER'S MAIDEN NAME: Julianna Humej ~~Julia Humes~~
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 212-05-9259A
17. INFORMANT: Miss Theresa Penczek, 506 S. Streeper St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: esophageal hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:

(B) Probable carcinoma pancreas
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/21 19 69 to 8/21 19 69 that (I) (we) last saw the deceased alive on 8/21 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James L. Bolen MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ✓
23B. DATE SIGNED: 8/21/69
23C. PHYSICIAN'S NAME (Type): James L. Bolen. M.D. DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Fabian, M.D.
25C. FUNERAL DIRECTOR: M. F. Sadowski & Sons, 1808 Eastern Ave.
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L 5001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8395 REG. NO. 69 8395

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Robert Lane

2. DATE AND HOUR OF DEATH: 8-19-69 6 ~~00~~ P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2840 West Lanvale Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1606
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2840 West Lanvale Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3/10/10
9. AGE (In years last birthday): 59
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Floorman
10B. KIND OF BUSINESS OR INDUSTRY: Tip-Top Bakery
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Lane
14. MOTHER'S MAIDEN NAME: Florence Flemings
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-18-9732
17. INFORMANT: Dora Lane
ADDRESS: 2840 West Lanvale Street

MEDICAL CERTIFICATION

18. 1621

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: BRONCHOGENIC CARCINOMA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 18 months

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-18-68 19 to 8-19- 19 69, that (I) (~~we~~) last saw the deceased alive on 8-20-69 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Maurice L. Adams DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8-21-69
23C. PHYSICIAN'S NAME (Type): MAURICE L. ADAMS DEGREE
23D. ADDRESS: 238 N. CAREY St Balto Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Arlington S. Phillips
ADDRESS: 1727 N. Monroe Street

VS 150-REV. 1/1/68

B3001

69 8396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8396

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BOYD MARY

2. DATE AND HOUR OF DEATH: 8/17/69 11:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BOLTON HILL NURSING HOME 1400 JOHN ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 1206

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 122 W. 24th STREET.

5. SEX: FEMALE 6. RACE: NEGRO 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]

8. DATE OF BIRTH: 10/15/91 9. AGE (In years last birthday): 79 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WYNN, WILLY

14. MOTHER'S MAIDEN NAME: SAUNDERS, FANNY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-18-6859A

17. INFORMANT: Bolton Hill Nursing Home ADDRESS:

MEDICAL CERTIFICATION

18. 153.8 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	CA colon	years, 1967
DUE TO, OR AS A CONSEQUENCE OF: (B)	arteriosclerotic C.V. disease	years
(C)	arteriosclerosis	years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5/19 1967 to 8/17 1969, that (I) (we) last saw the deceased alive on 8/17 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE Attending Phys. [ ] Med. Director [✓] Staff Phys. [ ]

23B. DATE SIGNED: 8/18/69

23C. PHYSICIAN'S NAME (Type): ALLAN H MACKAY MD DEGREE

23D. ADDRESS: 2 E Read St Bltmd 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-22-69

24C. NAME of CEMETERY or CREMATORY: MT. Calvary

24D. LOCATION (City, town, or county) (State): Ann Arundel County Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969

25B. NAME OF REGISTRAR: Robert E. Faulkner, M.D.

25C. FUNERAL DIRECTOR: Arlington S. Phillips ADDRESS: 1727 N. Monroe St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased priar to death. Such written approval must be obtained before the remains are embalmed ar final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8397

BIRTH NO. 69 8397

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): John F. Harper

2. DATE AND HOUR OF DEATH: Aug. 22, 1969 6:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Long Green Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Virginia
B. COUNTY: V-43
C. CITY OR TOWN: Waynesboro
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 525 Maple Avenue

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-17-1876
9. AGE (In years last birthday): 92
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret'd Postal Service
10B. KIND OF BUSINESS OR INDUSTRY: U. S. Goverment
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John J. Harper
14. MOTHER'S MAIDEN NAME: Mary Bowman
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 231-14-0945
17. INFORMANT: Mrs. Maurice L. Reilly
ADDRESS: 2408 Everton Rd.

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — 1B. 485 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 da.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Arteriosclerosis, generalized 10 yr.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital) attended~~ the deceased from Aug 19 1969 to Aug 22 1969, that (I) (~~we~~) last saw the deceased alive on Aug 19 1969, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We) (did~~) (did not) view the body after death.

23A. SIGNATURE: Norman R. Freeman
DEGREE: Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/22/69
23C. PHYSICIAN'S NAME (Type): Dr. Norman R. Freeman, Jr.
23D. ADDRESS: 11 W. 29th Street

24A. BURIAL CREMATION, REMOVAL (Specify): Rem-Burial
24B. DATE: 8-26-1969
24C. NAME of CEMETERY or CREMATORY: Mt. Vernon Church of The Brethern
24D. LOCATION (City, town, or county) (State): Augusta County, Va.

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Henry W. Jenkins & Sons Co.
ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

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B 650
L-000

69 8398

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69 8398

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Beatrice Lee (BROWN)

2. DATE OF DEATH: Known ☒ Estimated ☐ — Month 8 Day 18 Year 69 Hour 1:40 p. M.

3. DATE PRONOUNCED DEAD: Month 8 Day 18 Year 69 Hour 1:40 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 ~~2843~~ Harlem 2843 Harlem Av.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. 4013 RidgewoodAve. B. COUNTY 1510

6. SEX: female
7. RACE: colored
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: April 23,1926
10. AGE (In years last birthday): 43
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 4013 Ridgewood Ave. 21215

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Harry T. Watson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse's Aide
14B. KIND OF BUSINESS OR INDUSTRY: Nursing Home
15. MOTHER'S MAIDEN NAME: Mary E. Stewart

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 219-22-4827
18. INFORMANT: Bonita Henderson ADDRESS: 3802 Egerton Rd. 21215

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I E966X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Exsanguination
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Slash wound of neck
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ?
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ? 00-00

22D. TIME OF INJURY (APPROX.) (Month) 8 (Day) 18 (Year) 69 (Hour) ? m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR? beaten and stabbed

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED 8/19/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Arbutus, Baltimore County

25A. DATE REC'D BY HEALTH DEPT. AUG 22 1969
25B. NAME OF REGISTRAR E. Talbey, M.D.
25C. FUNERAL DIRECTOR: EDGAR L. LYNCH, ADDRESS: 2463 DRUID HILL AVE. 21217 [signature]

VS 151-REV. 1/1/68

1

R-263

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 8399

REG. NO. 69 8399

33/99

1. NAME OF DECEASED (Type or Print): DAISY RICHARDS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour — August 19, 1969 3:10 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 501
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1110 Thomson Street

6. SEX: Female
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 5/4/10
10. AGE (In years last birthday): 59
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Tom Anderson
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Edna
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: MRs Hartwell, ADDRESS: 408 E Biddle St

MEDICAL CERTIFICATION

19. 174X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Cancer of Breast with Metastases

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
DATE SIGNED: 8/20/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME of CEMETERY or CREMATORY: MT Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Paul E. Faber, M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead
ADDRESS: 1206 W North Ave

VS 151-REV. 1/1/68

1 9 6 9 0 0 8 3 8 7

Q-400 69 8400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8400

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anna T. Quill

2. DATE AND HOUR OF DEATH: 8/18/69 3:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 519 N. Lakewood Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 702
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [xx] NO [ ]
E. STREET AND NUMBER: 519 N. Lakewood Avenue

5. SEX: F
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12/30/'92
9. AGE (In years last birthday): 76
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ryan
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Maurice T. Quill
ADDRESS: 519 N. Lakewood Ave

MEDICAL CERTIFICATION

18. 250.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B) Atherosclerosis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Diabetes

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1959 to 8/18/ 1969, that (I) (~~we~~) last saw the deceased alive on July 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John G. Orth, M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/19/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: 8019 Philadelphia Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/22/'69
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John A. Doran, Inc.
ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-530 69 8401

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8401

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): EMMA BONDY

2. DATE AND HOUR OF DEATH: August 6, 1969 6:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Anderson Nursing Home Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1101
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 817 St. Paul Street

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-7-1882
9. AGE (In years last birthday): 87 yrs.
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ignatz Bondy
14. MOTHER'S MAIDEN NAME: Ernestine Pollack

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 072-12-9593
17. INFORMANT: Louis Bondy, 5010 Edmondson Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

431.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral Hemorrhage — 8 days

DUE TO, OR AS A CONSEQUENCE OF:

(C) Cerebral Sclerosis — 6 yrs.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Feb. 4 1963 to August 6 1969, that (I) (~~we~~) last saw the deceased alive on August 5 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Louis E. Wice DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/6/69
23C. PHYSICIAN'S NAME (Type): Louis E. Wice, M. D. DEGREE
23D. ADDRESS: 920 St. Paul Street

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/8/69
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Park
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: Jack Lewis Inc., North & Pa., Aves. #17
ADDRESS

VS 150-REV. 1/1/68

L-225 69 8402

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8402

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Ella Lucassen

2. DATE AND HOUR OF DEATH: August 19, 1969 6.00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 1105 E. Fayette Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 203
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 853 S. Dallas Street

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Sept. 30, 1889
9. AGE (In years last birthday): 79
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Helper
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant-Tavern
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lucas Lucassen
14. MOTHER'S MAIDEN NAME: Hilda Miller

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212 26 7021A
17. INFORMANT: Mrs. Herman Altenberg ADDRESS: Chase, Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 413.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20 years
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from May 10, 1959 to Aug. 19 1969, that (I) (~~we~~) last saw the deceased alive on August 16 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Stanley Felsenberg MD DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Aug. 19, 1969
23C. PHYSICIAN'S NAME (Type): STANLEY Z. Felsenberg M.D. DEGREE
23D. ADDRESS: 222 E. Baltimore St - Balto. Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/22/69
24C. NAME of CEMETERY or CREMATORY: Shwartz Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Buczynski
ADDRESS: Buczynski Funeral Home 1407 Eastern Ave.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. O-425 69 8403 REG. NO. 69 8403

1. NAME OF DECEASED (Type or Print): OLSEN, VIRGINIA ELISA

2. DATE AND HOUR OF DEATH: 8-20-69 9 52 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: A.A.Co. 21061 52-00
C. CITY OR TOWN: Glen Burnie D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Rt #2 Box 228

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 7-23-09 9. AGE (In years last birthday): 60 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10B. KIND OF BUSINESS OR INDUSTRY: Friendship Airport

11. BIRTHPLACE (State or foreign country): West Virginia 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James T. Davis

14. MOTHER'S MAIDEN NAME: Frances York

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Robert Shaffer ADDRESS: Rt. 2 Box 114 Glen Burnie Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 486 X

(A) IMMEDIATE CAUSE: Respiratory Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pneumonia RLL — 13 days

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Bilateral temporal arteritis & CVA's — 3 months

19A. DATE OF OPERATION: 8-8-69 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Tracheostomy

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-15-69 19 to 8-20-69 19 that (I) (we) last saw the deceased alive on 8-20-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ — 23B. DATE SIGNED: 8-20-69

23C. PHYSICIAN'S NAME (Type): J. F. Acta MD DEGREE 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8/23/69 24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Park 24D. LOCATION (City, town, or county) (State): Glen Burnie, Md. A. A. Co.

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: [signature] ADDRESS: 237 Patapsco Ave. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-520 69 8404

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8404

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Otis C. H. Lange

2. DATE AND HOUR OF DEATH: 8-19-69 | 3 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 107 S. Bouldin Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2610
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 107 S. Bouldin Street

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/8/'94
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired tool grinder
10B. KIND OF BUSINESS OR INDUSTRY: Martin-Marietta
11. BIRTHPLACE (State or foreign country): Co. Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Lange
14. MOTHER'S MAIDEN NAME: Katherine Kefler
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 218-72-3042
17. INFORMANT: Mrs. Louise M. Lange
ADDRESS: 107 S. Bouldin St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. 410.9	(A) IMMEDIATE CAUSE: Coronary Thrombosis	4 hr
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Coronary Sclerosis	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-19 1969 to 8-19 1969, that (I) (we) last saw the deceased alive on 8-19 1969 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. W. Gaskel MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): for J. W. Goodman MD J. H. Gaskel MD DEGREE
23D. ADDRESS: 637 S. Caulking St. Bal. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/22/'69
24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 22 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John A. Moran, Inc.
ADDRESS: 3000 E. Baltimore St

VS 150-REV. 1/1/68

1969 0 0 8 3 2

S-5201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 8405

REG. NO. 69 8405

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James R. Johns

2. DATE AND HOUR OF DEATH: Aug 21 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St Agnes Hospital

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: A.A.Co. 52-00

C. CITY OR TOWN: Pasadena

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: Powhattan Beach Rd. Box 143 B-Rt 9

5. SEX: M

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: April 2 1898

9. AGE (In years last birthday): 71

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10B. KIND OF BUSINESS OR INDUSTRY: Gov. Ptg. Office

11. BIRTHPLACE (State or foreign country): Belair, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James R. Johns

14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes (If yes, give war or dates of service): #1

16. SOCIAL SECURITY NO.: 367 28 4689

17. INFORMANT: Mrs. Jessie A Johns, Pasadena Md

ADDRESS: Box 143

MEDICAL CERTIFICATION

1B. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Massive myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B) A.S.C.V.D

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1967 to Aug 21 1969, that (I) (we) last saw the deceased alive on Aug 21 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Stanley Ankers DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 8.22.69

23C. PHYSICIAN'S NAME (Type): 1101 Maiden Choice Ln Balto Md 21229

23D. ADDRESS: STANLEY ANKERS DEGREE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-25-69

24C. NAME of CEMETERY or CREMATORY: Arlington Nat'l Cem

24D. LOCATION (City, town, or county) (State): Arlington, Virginia

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Talbey M.D.

25C. FUNERAL DIRECTOR: Thomas J. Kenny Inc

ADDRESS: 1600 Hollins Balto Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-6221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8406 REG. NO. 69 8406

1. NAME OF DECEASED (Type or Print): BORKOWSKI, JEROME A.

2. DATE AND HOUR OF DEATH: 8/22/69 12:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL, 601 N. BROADWAY, BALTIMORE, MARYLAND 21205

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 104
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 809 S. LAKEWOOD AVE

5. SEX: MALE 6. RACE: WHITE 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] ~~DIVORCED~~ [ ]

8. DATE OF BIRTH: 5/15/24 9. AGE (In years last birthday): 45 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: B & O Rail Road
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: JAMES BORKOWSKI
14. MOTHER'S MAIDEN NAME: ANNA NEUBAUER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 3-3-43 12-1-45
16. SOCIAL SECURITY NO.: 219-12-9979
17. INFORMANT: Mrs. Leona Daniel ADDRESS: 809 S. Lakewood Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial infarct — 40 min
DUE TO, OR AS A CONSEQUENCE OF:
(B) H/O coronary disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to ____ 19__ that (I) (we) last saw the deceased alive on ____ 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) ~~(did) (did not)~~ view the body after death.

23A. SIGNATURE: J. Block MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 8/22
23C. PHYSICIAN'S NAME (Type): Edward Block MD DEGREE
23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-26-1969
24C. NAME of CEMETERY or CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Baltimore County, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969 AUG 27 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 1901-07 Eastern Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-4161

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 8407 REG. NO. 69 8407

1. NAME OF DECEASED (Type or Print): Arthur TOLIAVER Toliver

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 8 Day: 22 Year: 69 Hour: 7:00 a.m.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 22 Year: 69 Hour: 7:00 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 833

6. SEX: male

7. RACE: colored

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 6-22-02

10. AGE (In years last birthday): 67 — If Under 1 Yr. or Under 24 Hrs. Months / Days / Hours / Min.

E. STREET AND NUMBER: 1211 Montford Ave.

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Toliaver

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Lula

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWII

17. SOCIAL SECURITY NO.: 266-01-0345

18. INFORMANT: Mary Toliaver ADDRESS: 1211 Montford Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 189.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic hypernephroma
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 8/22/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-26-69

24C. NAME of CEMETERY or CREMATORY: ~~Mt~~ CARVER MEM. PARK

24D. LOCATION (City, town, or county) (State): Laurel, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: Wm C March ADDRESS: 928 E. North Ave.

VS 151-REV. 1/1/68

1969 0 0 8 3 2 5

1

G. 600

69 8408

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8408

BIRTH NO.

00

1. NAME OF DECEASED (Type or Print): DWAINE R. GRAY

2. DATE OF DEATH — Known [XX] Estimated [ ] — Month: July; Day: 21; Year: 1969; Hour: 5:30 a.m.

3. DATE PRONOUNCED DEAD — Month; Day; Year; Hour: July 21, 1969 5:30 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2124 Maryland Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1206

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES [ ] NO [ ]

E. STREET AND NUMBER: 2124 Maryland Ave.

6. SEX: Male

7. RACE: White

8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH

10. AGE (In years last birthday): 59

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

19. 571.8

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty metamorphosis of the liver

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): Partial

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [XX] and that on this basis, death in my opinion resulted from: Natural causes [XX] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [XX]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: July 21, 1969

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 8/18/69

24C. NAME OF CEMETERY or CREMATORY: ANATOMY BOARD OF MARYLAND

24D. LOCATION (City, town, or county) (State): UNIVERSITY MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR — ADDRESS: MORTUARY SERVICE - BCHD

VS 151-REV. 1/1/68

1969 0 0 8 3 9 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8409

BIRTH NO. 69 8409

1. NAME OF DECEASED (Type or Print): ELIZABETH FELDMANN (MISS)

2. DATE AND HOUR OF DEATH: 8/23/69 @ 9.15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 201
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 106 S CASTLE STREET

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8.2.90
9. AGE (In years last birthday): 79
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH FELDMANN
14. MOTHER'S MAIDEN NAME: ELIZABETH STRACKE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 214307182
17. INFORMANT: ANNA FELDMANN
ADDRESS: 106 S CASTLE ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MYOCARDIAL INFRACT — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: FEW MINUTES
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A):
Fx (R) HIP + PERFORATION OF LARGE BOWEL — 9 DAYS + 8 hours

19A. DATE OF OPERATION: 8.23.69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: OBSTRUCTION LARGE BOWEL AND PERFORATION
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Definitely

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner): ☐ ☒ YES
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ATLANTIC CITY
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): NEW JERSEY V-27
21D. TIME OF INJURY (APROX.) (Month) (Day) (Year) (Hour): AUG 14 69 6:15 PM
21E. INJURY OCCURRED: While At Work ☐ ? Not While At Work ☒ ?
21F. HOW DID INJURY OCCUR? FELL OFF STEP

22. I certify that (I) (this hospital) attended the deceased from 8.15 19 69 to 8.23 19 69 that (I) (we) last saw the deceased alive on 8.23 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ricardo M. Tuason M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-23-69
23C. PHYSICIAN'S NAME (Type): RICARDO M. TUASON M.D. DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: AUG 27 1969
24C. NAME of CEMETERY or CREMATORY: HOLY REDEEMER CEMETERY
24D. LOCATION (City, town, or county) (State): 4430 BELAIR RD BALTO MD

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: THE DIRECT BRO INC
ADDRESS: 1800 E LOMBARD ST

VS 150-REV. 1/1/68

CERTIFICATION APPROVED BY: [illegible] M.D. CHIEF MEDICAL EXAMINER

F-435

RELEASED ON APPROVAL OF MEDICAL EXAMINERS OFFICE ONLY! Per Mrs. William Henry Mel. Examiner release body

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-256 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 8410

REG. NO. 69 8410

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Frederick Megenhardt

2. DATE AND HOUR OF DEATH: Aug 24 1969 | 11:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 BONN Secure Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 1917 Frederick Ave 2003
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1917 Frederick Ave

5. SEX: M.
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-6-14
9. AGE (In years last birthday): 55
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance
10B. KIND OF BUSINESS OR INDUSTRY: Chesapeake Mfg Co.
11. BIRTHPLACE (State or foreign country): Baltimore, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Megenhardt
14. MOTHER'S MAIDEN NAME: Sauers

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-03-7662
17. INFORMANT: Lorraine Megenhardt
ADDRESS: SAME

MEDICAL CERTIFICATION

18. 410.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Acute Myocardial Infarct — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF:
(B) Coron. Art. Disease (Old Myocardial Infarct) — ?
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 1959 to Aug. 24, 1969, that (I) (we) last saw the deceased alive on Aug. 20 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Morris B. Schreiber MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-25-69
23C. PHYSICIAN'S NAME (Type): MORRIS B. SCHREIBER DEGREE
23D. ADDRESS: 1516 W. Baltimore St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-27-69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Balt., MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Geo L. Schwab
ADDRESS: 2101 Eutaw Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Z-520 69 8411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8411

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph Zink

2. DATE AND HOUR OF DEATH: 8-19-1969 | 3 30/A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 House in the Pines BELAIR

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2 Chesley Avenue 21206

5. SEX: Male
6. RACE: Cau.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-21-1894
9. AGE (In years last birthday): 75
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Printer
10B. KIND OF BUSINESS OR INDUSTRY: Watkins Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Zink
14. MOTHER'S MAIDEN NAME: Margaret unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes (If yes, give war or dates of service): W.W.1
16. SOCIAL SECURITY NO.: 213-03-3819
17. INFORMANT: Mr Irvin J. Zink Sr. ADDRESS: 4715 Ridgeway Avenue 2120

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

1B. 492 X

(A) IMMEDIATE CAUSE: Cor Pulmonale — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: months
DUE TO, OR AS A CONSEQUENCE OF:

(B) Obstructive Emphysema — years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Generalized Arteriosclerosis Bronchiectasis Chronic Brain Syndrome — years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 7/17/19 69 to 8/19/19 69, that (I) (~~we~~) last saw the deceased alive on 8/18/19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Albert B Bradley DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): ALBERT B. BRADLEY, M.D. DEGREE
23D. ADDRESS: 4900 Belair Rd. Balto., Md. 21206

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-22-1969
24C. NAME of CEMETERY or CREMATORY: Schwartz Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Co. Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Fisher, Jr.
25C. FUNERAL DIRECTOR: Lassahn Funeral Home
ADDRESS: 7801 Belair Road

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-500 69 8412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8412

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BENNEY, FRANK R

2. DATE AND HOUR OF DEATH: 8-18-69 3:45 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE

BALTIMORE, MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2641

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 4409 LASALLE AVENUE (6)

5. SEX: M

6. RACE: W

7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH: 1-5-1898

9. AGE (In years last birthday): 71

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainance

10B. KIND OF BUSINESS OR INDUSTRY: Balto. Transit Co.

11. BIRTHPLACE (State or Country): Centerville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Joseph Benney

14. MOTHER'S MAIDEN NAME: Margaret Moffett

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-10-0104

17. INFORMANT: Mrs Ellen E. Benney

ADDRESS: 4409 LaSalle Avenue 21206

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: RUPTURED THORACIC ANEURYSM

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8-18-69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: POOR

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-31 19 69 to 8-18 19 69, that (I) (we) last saw the deceased alive on 8-18 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ferdinand A. Martinez MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8-18-69

23C. PHYSICIAN'S NAME (Type): FERDINAND A. MARTINEZ MD DEGREE

23D. ADDRESS: SINAI HOSPITAL BALTO, MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-22-1969

24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore City Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Tolley, M.D.

25C. FUNERAL DIRECTOR: Lassahn Funeral Home

ADDRESS: 7401 Belair Road 21236

VS 150-REV. 1/1/68

1969080400

MEDICAL EXAMINER WAS NOTIFIED + SAID THIS A NON MEDICAL EXAMINER CASE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

W-300 69 8413

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8413

BIRTH NO.

00

1. NAME OF DECEASED (Type or Print): WILLIAM T. WHITE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 22, 1969 Hour 5:00 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3440 S. Hanover Street (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Florida
B. COUNTY: V-08

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Fort Lauderdale
D. INSIDE CITY LIMITS? YES ☐ NO ☒

9. DATE OF BIRTH: May 27, 1917
10. AGE (In years last birthday): 52
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 21 Jasmine Ct.

11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Thomas White

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Florence O'Brien

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give war or dates of service) WW II
17. SOCIAL SECURITY NO.
18. INFORMANT: Madison Funeral Service ADDRESS: Brooklyn N.Y. 11221

MEDICAL CERTIFICATION

19. 412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
DATE SIGNED: 8/23/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-26-69
24C. NAME of CEMETERY or CREMATORY: Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State): Brooklyn N.Y.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson Inc
ADDRESS: 1050 York Rd. Towson, Md. 21204

VS 151-REV. 1/1/68

1969 0008401

L-300 69 8414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8414

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOSEPH WILSON LOYD.

2. DATE AND HOUR OF DEATH: 8/23/69 | 3:01 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital. 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: Hammonds Lane Balt. Co. 25.
C. CITY OR TOWN: Brooklyn Park
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 721 Hammonds Lane

5. SEX: Male
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/31/15
9. AGE (In years last birthday): 54
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steamfitter
10B. KIND OF BUSINESS OR INDUSTRY: Local 438 / Grimburg Co.
11. BIRTHPLACE (State or foreign country): Virginia.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Loyd
14. MOTHER'S MAIDEN NAME: Sarah James HISE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 232-16-2023
17. INFORMANT: Family ADDRESS: Same

MEDICAL CERTIFICATION

18. 560.2

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Circulatory + Respiratory failure. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 days.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Uremia of cirrhosis

DUE TO, OR AS A CONSEQUENCE OF:

(C) Bronchial Pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8/20/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Pain
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/20 1969 to 8/23 1969 that (I) (we) last saw the deceased alive on 8/23 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Nur Kajadanabs, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/23/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: South Balto. Gen. Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-27-69
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cemetery
24D. LOCATION (City, town, or county) (State): Glen Burnie, Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John H. Hahn, 4200 Pennington Ave. 21226 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8415

BIRTH NO. L-535 69 8415

1. NAME OF DECEASED (Type or Print): GEORGE K. LINDEMON
Lindemon, George

2. DATE AND HOUR OF DEATH: 8/21/69 2:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 House In The Pines 5837 Belair Rd. Baltimore, Md. 21206

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: BALTIMORE Co 21222
C. CITY OR TOWN: DUNDALK ~~Baltimore~~
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 30 YORKWAY 53-00

5. SEX: M
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/11/1900
9. AGE (In years last birthday): 69
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Architect -
10B. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Lindemon
14. MOTHER'S MAIDEN NAME: Anna Cullen

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 213-07-9557
17. INFORMANT: CATHERINE V. LINDEMON
ADDRESS: AS IN #4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
I 412.34 250.9
(A) IMMEDIATE CAUSE: arteriosclerotic heart Disease — Approximate interval between onset and death: 9 years
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Diabetes mellitus — 9 years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 19-9 19 to 8-21 19 69, that (I) (we) last saw the deceased alive on 8-19 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W. K. Wong DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-25-69
24C. NAME of CEMETERY or CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): BALTO. CO, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: W. Arch Bradley, Dundalk, Md.
ADDRESS:

VS 150-REV. 1/1/68

8103

ERRORS BY NURSING HOME

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8416

BIRTH NO. G-613 69 8416

1. NAME OF DECEASED (Type or Print): MANLEY GRIFFITH Manly Griffith

2. DATE AND HOUR OF DEATH: 8/18/69 5 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BOLTON HILL NURSING CENTER 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto. Co 53-00
C. CITY OR TOWN: RANDALLSTOWN
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 218 A Liberty Rd

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1/8/94
9. AGE (In years last birthday): 75
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker
10B. KIND OF BUSINESS OR INDUSTRY: B & O R. R.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James G. S. Griffith
14. MOTHER'S MAIDEN NAME: Annie C. Dressel

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 705-05-7790
17. INFORMANT: Mrs. Fannie Thomas, Box 215A, Randallstown, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
410.9	(A) IMMEDIATE CAUSE: acute coronary occlusion	minutes
	(B) DUE TO, OR AS A CONSEQUENCE OF: arteriosclerotic heart disease	years
	(C) DUE TO, OR AS A CONSEQUENCE OF: arteriosclerosis generalized with vascular insufficiency	years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/31 1968 to 8/18 1969, that (I) (we) last saw the deceased alive on 8/18 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/18/69
23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE
23D. ADDRESS: 2 E. Read St Bltmd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-22-1969
24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: George J. Gonce
ADDRESS: 4001 Ritchie Hgwy., Baltimor

VS 150-REV. 1/1/68

1969000 8 4 0 4

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-252 69 8417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8417

1. NAME OF DECEASED (Type or Print): Mrs. Dorothy Cousins

2. DATE AND HOUR OF DEATH: 8.21.69 | 10 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital 34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2008

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1455 Collins Avenue

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 10-5-18 9. AGE (In years last birthday): 50 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): West Virginia 12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Albert Mackenberry 14. MOTHER'S MAIDEN NAME: Daisy Snyder

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-07-1692 17. INFORMANT: Miss Kathleen Noel ADDRESS: G.N.

MEDICAL CERTIFICATION

18. 571.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Liver Failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cirrhosis Liver → hepatic Coma

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8.8. 1969 to 8.21 1969 that ~~(I)~~ (we) last saw the deceased alive on 8.21 1969 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: A. M. Lalani DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 8.21.69

23C. PHYSICIAN'S NAME (Type): A. SULTAN. LALANI. DEGREE 23D. ADDRESS: BON-SECOURS HOSPITAL.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 8-23-69 24C. NAME of CEMETERY or CREMATORY: ROSEDALE CEMETERY 24D. LOCATION (City, town, or county) (State): Martinsburg, W. Va.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969 25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D. 25C. FUNERAL DIRECTOR: G. TRUMAN SCHWAB ADDRESS: BALTO, MD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-300 69 8418

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8418

1. NAME OF DECEASED (Type or Print): Maxine ~~Brandt~~ L. White

2. DATE AND HOUR OF DEATH: 19-Aug, 69 | 5 45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore Gen. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2403

C. CITY OR TOWN: Maryland

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1447 William St

5. SEX: Female

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: 20-Mar-22

9. AGE (In years last birthday): 47

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): ~~Unknown~~ Cumberland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Archie C White

14. MOTHER'S MAIDEN NAME: Julia Widdows

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Arthur R. Martin RD 6 Westminster, Md. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Nutritional Cirrhosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: >3 months

DUE TO, OR AS A CONSEQUENCE OF:

(B) Chronic Alcoholism — >15 years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Chronic Depression — >15 years

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Factitious Dermatitis

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work [ ] — Not While At Work [ ]

21F. HOW DID INJURY OCCUR? —

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 15-Aug 1969 to 19-Aug 1969 that (I) ~~(we)~~ last saw the deceased alive on 19-Aug 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Richard Fisher M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 19-Aug-69

23C. PHYSICIAN'S NAME (Type): Richard Fisher M.D. DEGREE

23D. ADDRESS: South Baltimore Gen. Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/22/1969

24C. NAME of CEMETERY or CREMATORY: Finksburg Cemetery

24D. LOCATION (City, town, or county) (State): Finksburg Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.

25C. FUNERAL DIRECTOR: Thomas D. Fletcher 254 E. Main Street ADDRESS: Thomas D. Fletcher Funeral Home Westminster

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-35d 69 8419

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8419

BIRTH NO.

00

1. NAME OF DECEASED (Type or Print): F. JOSEPH STONEY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month August Day 20 Year 1969 Hour 10:15 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1015 S. Streeper Street (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 101
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1015 S. Streeper Street

6. SEX: Male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: 3/11/07

10. AGE (In years last birthday): 62
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Francis J. Stoney

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Mary T. Jarowaski

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWII

17. SOCIAL SECURITY NO. 218-07-4271

18. INFORMANT (Sister) Mrs. Mary Bueche, ADDRESS R. F. D. 3 Box 509 Pasadena, Md. 21122

MEDICAL CERTIFICATION

19. 011.9

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Pulmonary Tuberculosis

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

DATE SIGNED: 8/20/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/25/69

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS 2829 Hudson St. Balto. Md.

VS 151-REV. 1/1/68

1 9 6 9 0 0 0 8 4 0 7

H-540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8420 REG. NO. 69 8420

1. NAME OF DECEASED (Type or Print): ADDIE E HIMMEL

2. DATE AND HOUR OF DEATH: August 20 1969 1:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1348
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1320 MORLING AVE.

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 9/13/84
9. AGE (In years last birthday): 84
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? AMERICAN

13. FATHER'S NAME: WILLIAM JOHNSON
14. MOTHER'S MAIDEN NAME: ROSE —

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lawrence Rohrback ADDRESS: 1408 W 37th St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CEREBRO VASCULAR ACCIDENT
DUE TO, OR AS A CONSEQUENCE OF:
(B) HYPERTENSIVE CARDIOVASCULAR DISEASE
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8/20 1969 to 8/20 1969, that (I) (we) last saw the deceased alive on 8/20/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C. A. Bravo M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/20/69.
23C. PHYSICIAN'S NAME (Type): C. A. BRAVO M.D. DEGREE
23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-23-69
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cem
24D. LOCATION (City, town, or county) (State): Pikesville Balto Co Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Burger Funeral Home
ADDRESS: Balto Md

VS 150-REV. 1/1/68

1969-0 Bernard W. Burger Jr

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-226 69 8421

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8421

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): William H. E. Weckesser

2. DATE AND HOUR OF DEATH: August 20, 1969 6:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1428 Millrace Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1338
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1428 Millrace Rd.

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 21, 1889
9. AGE (In years last birthday): 79 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man
10B. KIND OF BUSINESS OR INDUSTRY: Davidson Transfer
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harry Weckesser
14. MOTHER'S MAIDEN NAME: Mary Keller
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-10-0815
17. INFORMANT: William N. Weckesser — ADDRESS: 1428 Millrace Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Generalized Carcinomatosis
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma of the Prostate Gland
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ..... 19 ..... to ..... 19 ....., that (I) (we) last saw the deceased alive on ..... 19 ..... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rafael Hernandez DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/21/69
23C. PHYSICIAN'S NAME (Type): Rafael Hernandez. DEGREE
23D. ADDRESS: 2 East Read St

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME of CEMETERY or CREMATORY: Immanuel Cemetery
24D. LOCATION (City, town, or county) (State): Manchester, Carroll Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Zeiber, M.D.
25C. FUNERAL DIRECTOR: Ann Donovan — ADDRESS: 3818 Roland Ave.

VS 150-REV. 1/1/68

C-000 69 8422

BIRTH NO. 69-14849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8422

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): COE, BABY GIRL COLLEEN MICHELE

2. DATE AND HOUR OF DEATH: 8-20-69 16:23 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 6701 WILMONT DRIVE 21207

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 08 20 69
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.: 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BABY
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: EDMUND G COE, 3RD
14. MOTHER'S MAIDEN NAME: MARGARET KRAMER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ST AGNES RECORDS - BALTO MD 21229 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ruptured omphalocele — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 min.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Extrophy of bladder, dysgenesis left leg

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-20 1969 to 8-20 1969 that (I) (we) last saw the deceased alive on 8-20 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas F. Herbert, M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-20-69
23C. PHYSICIAN'S NAME (Type): Thomas F. Herbert, M.D. DEGREE
23D. ADDRESS: Elliott City Md 21043

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-23-69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

W-623

BIRTH NO. 69 8423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8423

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JOHN W. WRIGHTON

2. DATE AND HOUR OF DEATH: AUG. 22, 1969 8:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BON SECOURS HOSPITAL. 34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1011 ST. CHARLES AVE

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-30-02
9. AGE (In years last birthday): 66
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas Service Retired
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Gas & Elec.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Wrighton
14. MOTHER'S MAIDEN NAME: Ella McNeal

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): WWI
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 234-05-9985
17. INFORMANT: Ruth V. Wrighton
ADDRESS: 1011 St. Charles Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute severe ulcers of liver
DUE TO, OR AS A CONSEQUENCE OF:
(B) ACVD.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Refused
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 1 1953 to Aug 22 1969, that (I) (~~we~~) last saw the deceased alive on Aug. 21, 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Harry L. Knipp MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-22-69
23C. PHYSICIAN'S NAME (Type): HARRY L. KNIPP, MD DEGREE
23D. ADDRESS: 4116 Edmondson Ave - Balto Md 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-25-69
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

YS 1500 REV. 1/1/68

S-616 69 8424

BIRTH NO. 69-16096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8424

1. NAME OF DECEASED (Type or Print): GERALD G. SCHRIVER

2. DATE AND HOUR OF DEATH: 8-18-69 | 3 05 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: MERCY HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 [redacted]

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: BALTO. 21224
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 7026 EASTBROOK Ave.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-12-69
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: 6 | If Under 24 Hrs. Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GORDON SCHRIVER
14. MOTHER'S MAIDEN NAME: FLORENCE R. MACKOWIAK

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO.
17. INFORMANT: FATHER ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CONGESTIVE Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) ANEMIA, ASPIRATION PNEUMONIA — 3 days

DUE TO, OR AS A CONSEQUENCE OF:

(C) THROMBOCYTOPENIA — 5 days

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Aug 18 1969
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/19/69
23C. PHYSICIAN'S NAME (Type): ARTURO A. SANTOS, MD DEGREE
23D. ADDRESS: Mercy Hospital Balto, Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/19/69
24C. NAME of CEMETERY or CREMATORY: Holy Rosary Cem.
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: [illegible] Fraikowski ADDRESS: 2007 Eastern Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written appraval must be obtained before the remains are embalmed or final dispasitian is made.

BIRTH NO. B-400 69 8425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8425

1. NAME OF DECEASED (Type or Print): VERNA Ruth BAILEY

2. DATE AND HOUR OF DEATH: 8/18/69 9:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Union Memorial Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 2758
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 5801 Willowton Ave. Apt. "B"

5. SEX: F
6. RACE: Caucs.
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/15/94
9. AGE (in years last birthday): 73
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady
10B. KIND OF BUSINESS OR INDUSTRY: Dept. Store
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George G. Jones
14. MOTHER'S MAIDEN NAME: Anna May Sweitzer
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-20-7082
17. INFORMANT: John I. Bailey
ADDRESS: 5801 Willowton Ave. Apt. B Balto. Md. 21214

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: acute myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: D.H.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 8/15 19 69 to 8/18 19 69 that (I) (~~we~~) last saw the deceased alive on 8/18 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: H. Ribeiro MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): H.V. RIBEIRO MD DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/21/69
24C. NAME of CEMETERY or CREMATORY: New Freedom Cem.
24D. LOCATION (City, town, or county) (State): New Freedom, Penna.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: James J. Hartenstein
ADDRESS: New Freedom, Pa.

VS 150-REV. 1/1/68

1

T-545 69 8426

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8426

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SARAH TOMOLONIS

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month ~~8/20/69~~ Day Year — Hour M.

3. DATE PRONOUNCED DEAD — Month August Day 21 Year 1969 — Hour 10:00 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 18 N. Chester Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 604
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 18 N. Chester Street

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH
10. AGE (In years last birthday): 48
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: ?
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ——
14B. KIND OF BUSINESS OR INDUSTRY: ——
15. MOTHER'S MAIDEN NAME: ?
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
17. SOCIAL SECURITY NO.: none
18. INFORMANT: Vincent Tomolanis — ADDRESS: 1701 Pumphrey St.

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: August 21, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/26/69
24C. NAME of CEMETERY or CREMATORY: Poplar Grove
24D. LOCATION (City, town, or county) (State): Balto. Co.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Paul E. Chenoweth Jr.
ADDRESS: 3617 Chestnut Ave.

VS 151-REV. 1/1/68

1969 0 0 0 8 4 1 4

BIRTH NO. P-412 69 8427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8427

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): IDA PHILLIPS

2. DATE AND HOUR OF DEATH: 8-21-69 10 30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3327 CHESTNUT AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1306
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3327 CHESTNUT AVE

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 7-28-87
9. AGE (In years last birthday): 82
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): UNKNOWN Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: WILLIAM E. PHILLIPS
ADDRESS: SAME AS DECEASED.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4124 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CONGESTIVE HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 8 1968 to August 20 1969, that (I) (we) last saw the deceased alive on June 18 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Enrique Cipriani M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-22-69
23C. PHYSICIAN'S NAME (Type): ENRIQUE CIPRIANI M.D. DEGREE
23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/25/69
24C. NAME of CEMETERY or CREMATORY: St. Marys
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.
25C. FUNERAL DIRECTOR: Paul E. Chenoweth jr
ADDRESS: 3617 Chestnut Ave.

VS 150-REV. 1/1/68

1 5 8 9 0 0 0 8 4 1 5

S-320 69 8428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 121 69 8428

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY SCHWETZ

2. DATE AND HOUR OF DEATH: 8/20/69 1:14 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harbor View NCC 1213 Light ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: AA Co. 5209
268 Bowline Rd. Severna Park
C. CITY OR TOWN: ~~Balt.~~ Severna Park
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 268 Bowline Rd.

5. SEX: Female
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ SEP. DIVORCED ☐
8. DATE OF BIRTH: 6/29/90
9. AGE (In years last birthday): 79
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housew. Fe
10B. KIND OF BUSINESS OR INDUSTRY: @ home
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mathew Synus
14. MOTHER'S MAIDEN NAME: Agata Niktcwajin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 373-12-8121
17. INFORMANT: Ben Wdowieki ADDRESS: above

MEDICAL CERTIFICATION

18. 4/2.4 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASCVD c CH Failure
DUE TO, OR AS A CONSEQUENCE OF:
(C) Chronic Brain Syndrome

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 3-31 1969 to 8-20 1969, that ~~I~~ (we) last saw the deceased alive on 8-20 1969 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Manuel A. Gongon M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8-20-69

23C. PHYSICIAN'S NAME (Type): Dr. Manuel Gongon DEGREE
23D. ADDRESS: Harbor View Nursing Home

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME of CEMETERY or CREMATORY: Forest Lawn
24D. LOCATION (City, town or county) (State): Detroit, Michigan

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Robert Lawrence, Severna Park, Md.
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V-452 69 8429

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8429

1. NAME OF DECEASED (Type or Print): THERESA VALENZIA

2. DATE AND HOUR OF DEATH: AUGUST 23 1969 | 6:50AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL CATON & WILKENS AVENUE BALTIMORE MARYLAND

4/0

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1502
C. CITY OR TOWN: MARYLAND
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2005 WESTWOOD AVENUE 21217

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 05/12/74
9. AGE (In years last birthday): 95
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SICILY
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pasquale Battaglia
14. MOTHER'S MAIDEN NAME: (Unknown) Cerrei

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213 54 0290
17. INFORMANT: ADDRESS: ST AGNES HOSP CATON & WILKENS AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

4-12.4-25.0.4

(A) IMMEDIATE CAUSE: CARDIAC FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: FIVE WEEKS

DUE TO, OR AS A CONSEQUENCE OF: ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE. DIABETES — TWELVE YEARS

(B) DUE TO, OR AS A CONSEQUENCE OF: — EIGHTEEN YEARS

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 08/01/69 19 to 08/23/69 19 that (X) (we) last saw the deceased alive on 08/23/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (My (We) (did) (did not) view the body after death.

23A. SIGNATURE: Julio Freivates M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/23/1969
23C. PHYSICIAN'S NAME (Type): JULIO FREIVATES M.D DEGREE
23D. ADDRESS: ST AGNES HOSP CATON & WILKENS AVE 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-26-1969
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Tabery M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8430

BIRTH NO. G-140 69 8430

1. NAME OF DECEASED (Type or Print): ALBERT H. GAEBEL

2. DATE AND HOUR OF DEATH: 7:50 AM 8/22/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 LUTHERAN HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: 1511

C. CITY OR TOWN: BALTIMORE. D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 3520 HILTON ROAD - ASHBURTON ST.

5. SEX: M

6. RACE: W

7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-3-90

9. AGE (In years last birthday): ~~XX~~ 78

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-18-1917A

17. INFORMANT: Teresa Gaebel Same ADDRESS: ASHBURTON NURSING HOME.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/20/69 19 to 8/22/69 19, that (I) (we) last saw the deceased alive on 8/22/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 8/22/69

23C. PHYSICIAN'S NAME (Type): KYI KYI LWIN DEGREE

23D. ADDRESS: Lutheran Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-25-69

24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: Armacost Funeral Chapel - 4600 Lib. Hghts ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-320 69 8431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8431

1. NAME OF DECEASED (Type or Print): Albert Thomas Lutz

2. DATE AND HOUR OF DEATH: 8-21-69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Kenesaw Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: 2802
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4407 Wentworth Rd

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-7-1902
9. AGE (In years last birthday): 67 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent-Railroad
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick N Lutz
14. MOTHER'S MAIDEN NAME: Ports

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): Yes-WWII-Navy
16. SOCIAL SECURITY NO.: 765-10-5695
17. INFORMANT: Frederick N Lutz ADDRESS: 32 N Prospect #21228

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

1B. 162.1

(A) IMMEDIATE CAUSE: Wide spread carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Few months

DUE TO, OR AS A CONSEQUENCE OF:

(B) Primary carcinoma of lung — few years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Questionable smoking — many years

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from March 1969 to Aug. 22, 1969 19, that (I) (we) last saw the deceased alive on Aug. 21, 1969 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robt. B. Wright M.D. Robt. B. Wright DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Aug. 22, 1969
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-25-69
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Balto, Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Edward P. Armstrong ADDRESS: 4601 Liberty Heights Ave.

VS 150-REV. 1/1/68

C-200 69 8432

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8432

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): COX, JOSEPH WEBSTER

2. DATE AND HOUR OF DEATH: AUGUST 20, 1969 | 11:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: ST AGNES HOSPITAL

FULL NAME OF HOSPITAL OR INSTITUTION: WILKENS & CATON AVENUES

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: HOWARD COUNTY 6300

C. CITY OR TOWN: ELLICOTT CITY D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 9914 POSTWICK ROAD

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 10-28-87 9. AGE (In years last birthday): 81 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor - Ret.

10B. KIND OF BUSINESS OR INDUSTRY: Davis Chemical Co.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH MCFADDEN COX DEC'D

14. MOTHER'S MAIDEN NAME: (DWYER) MARGARET L. DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215 10 5798

17. INFORMANT: RECORD'S BALTIMORE MD 21229 ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pulmonary edema 403X

DUE TO, OR AS A CONSEQUENCE OF: Resolving infarct septum heart

(B) DUE TO, OR AS A CONSEQUENCE OF: Cystitis, Dilatation + Hypertrophy of bladder

(C) Neoplasm cleroses

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 9, 19 69 to AUGUST 20, 19 69 that (I) (we) last saw the deceased alive on AUGUST 20, 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [illegible] M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Aug. 21, 1969

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS: BALTIMORE MD 21229 ST AGNES HOSPITAL WILKENS & CATON AVE.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 24 Aug. 69

24C. NAME of CEMETERY or CREMATORY: Mt. Carmel Ch. Cemetery

24D. LOCATION (City, town, or county) (State): Pasadena, AA Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969 Robert

25B. NAME OF REGISTRAR: E. Farber, M.D.

25C. FUNERAL DIRECTOR: Kirkley Funeral Home, Glen Burnie, Md. ADDRESS

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-100 69 8433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8433

1. NAME OF DECEASED (Type or Print): GERTRUDE M. LEVY

2. DATE AND HOUR OF DEATH: 8-20-69 11 20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSPITAL OF Md 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 2864
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 4612 LAWN PARK AVE.

5. SEX: FEMALE
6. RACE: CAUCASIAN
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-10-92
9. AGE (In years last birthday): 77
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAWYER
10B. KIND OF BUSINESS OR INDUSTRY: ~~XXX~~ LAW
11. BIRTHPLACE (State or foreign country): BROOKLYN, NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL LEVY
14. MOTHER'S MAIDEN NAME: TILLIE WRIGHT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 051-05-8550
17. INFORMANT: MR. LAWRENCE H. LEVY, ADDRESS: 531 E. 20th STREET NEW YORK, N. Y. 10010

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

038.9 OVERWHELMING SEPSIS, UNKNOWN SOURCE, — 5 DAYS

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): ASCVD

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-17 1969 to 8-20 1969, that (I) (we) last saw the deceased alive on 8-20 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Oscar E. Fernandini M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8-20-69
23C. PHYSICIAN'S NAME (Type): OSCAR E. FERNANDINI M.D. DEGREE
23D. ADDRESS: 730 ASHBURTON ST. BALTO., Md. 21216

24A. BURIAL CREMATION, REMOVAL (Specify): ~~X~~CREMATION
24B. DATE: 8-22-69
24C. NAME of CEMETERY or CREMATORY: LOUDON PARK
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: COL. LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/68

E-152 69 8434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 69 8434

1. NAME OF DECEASED (Type or Print): MARY S. EVANS

2. DATE AND HOUR OF DEATH: 8-21-69 | 2:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANNE ARUNDEL 5200
C. CITY OR TOWN: EAST PORT
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 950 PRESIDENT

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-5-11
9. AGE (In years last birthday): 58
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JAMES WESLEY HOLLAND
14. MOTHER'S MAIDEN NAME: NELLIE REVELLE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: WALTON T. EVANS
ADDRESS: #4

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Cardiorespiratory shutdown	10 min
DUE TO, OR AS A CONSEQUENCE OF: unknown cardiovascular	
(B) Catastrophic C.S. myocardial infarct	5-6 hrs.
DUE TO, OR AS A CONSEQUENCE OF:	
(C)	

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Sinus arrhythmia
Possible consumption coagulopathy 24 hr.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____ that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William L. Horvath DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/21/69
23C. PHYSICIAN'S NAME (Type): WILLIAM L. HORVATH DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-24-69
24C. NAME of CEMETERY or CREMATORY: Hillcrest
24D. LOCATION (City, town, or county) (State): Annapolis A.A. MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: John L. Taylor
ADDRESS: Annapolis, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

MAS 49-92-51

W-420 69 8435

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8435

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Barbara Welsh

2. DATE AND HOUR OF DEATH: 1:25 A.M. 8-22-69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
31 Baltimore City Hospitals
4940 Eastern Ave.
Balto. Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 102
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 442 S. Robinson St. 21224 007

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6-27-89
9. AGE (In years last birthday): 80
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Schick
14. MOTHER'S MAIDEN NAME: unk
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-09-9902-A
17. INFORMANT: BCH Records: ADDRESS: 4940 Eastern Ave. 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I. 410.0
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Congestive Heart Failure - ASCVD
DUE TO, OR AS A CONSEQUENCE OF:
(C) Acute Myocardial infarct

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Hypertension

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 8-20 19 69 to 8-22 19 69 that (I) (we) last saw the deceased alive on 8-22 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John R Brechtl M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8-22-69
23C. PHYSICIAN'S NAME (Type): John Brechtl, M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave. 21224 007

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/25/69
24C. NAME of CEMETERY or CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Joseph Bannon
ADDRESS: 263 S. Conkling St

VS 150-REV. 1/1/68

S-100

BIRTH NO. 69 8436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8436

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Geo. Wm Swope Sr.

2. DATE AND HOUR OF DEATH: Aug. 23, 1969 | 7 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3722 Mt. Pleasant Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2608
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3722 Mt. Pleasant Ave

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1/13/13
9. AGE (In years last birthday): 56
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Loader
10B. KIND OF BUSINESS OR INDUSTRY: ESSKAY
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo. Swope Sr.
14. MOTHER'S MAIDEN NAME: Barbara Kotchenreuther

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 218 05 9927
17. INFORMANT: Mrs. Concetta Swope
ADDRESS: Same

CAUSE OF DEATH

18. 4.10.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CORONARY OCCLUSION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1-3 hrs
DUE TO, OR AS A CONSEQUENCE OF: A-S.C.V. DIS — 2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/20 1958 to 8/23 1969, that (I) (we) last saw the deceased alive on 6/15 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Benjamin Hightstein DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/25/69
23C. PHYSICIAN'S NAME (Type): DR. B. HIGHSTEIN DEGREE
23D. ADDRESS: 171 S. HIGHLAND AVE BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/26/69
24C. NAME of CEMETERY or CREMATORY: Oaklawn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Jackson
25C. FUNERAL DIRECTOR: Joseph M. Zapponi
ADDRESS: 263 S. Conkling St

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-620 69 8437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8437

1. NAME OF DECEASED (Type or Print): Theadate Grace

2. DATE AND HOUR OF DEATH: 8/19/69 9 30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Franklin Square Hospital 36

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1803
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 14 S. Arlington Ave.

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 5/4/96 9. AGE (In years last birthday): 73 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew Knox
14. MOTHER'S MAIDEN NAME: Ann Catherine Miles

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-62-6418
17. INFORMANT: Laura Bakeman ADDRESS: 14 Arlington Ave

MEDICAL CERTIFICATION

18. 269.1 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Bronchopneumonia — 4 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Malabraption — 5 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 7/25 19 69 to 8/19 19 69 that ~~(I)~~ (we) last saw the deceased alive on 8/19 19 69 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Gary M. Lattin M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/19/69
23C. PHYSICIAN'S NAME (Type): Gary M. Lattin M.D. DEGREE
23D. ADDRESS: Franklin Square Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/22/69
24C. NAME of CEMETERY or CREMATORY: Arlington Natl. Cem.
24D. LOCATION (City, town, or county) (State): Arlington VA.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Barber, M.D.
25C. FUNERAL DIRECTOR: Walters Funeral Home ADDRESS: Balto, Md.

VS 150-REV. 1/1/68

47-74-42 db 1

K-325 69 8438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8438

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary E. Ketchum

2. DATE AND HOUR OF DEATH: 8-21-69 5:30pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 31

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 5360

C. CITY OR TOWN: Edgemere D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 2409 Ketchum Avenue 21219 005

5. SEX: Female

6. RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 12-10-88

9. AGE (In years last birthday): 80

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Zeiglehofer

14. MOTHER'S MAIDEN NAME: Mary Bond

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-54-4695

17. INFORMANT: BCH-Records ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

43619

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 wk

DUE TO, OR AS A CONSEQUENCE OF:

(B) CVA — 3 mo.

DUE TO, OR AS A CONSEQUENCE OF:

(C) ruptured splenic artery — 3 1/2 mo.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): no

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 4/22 19 69 to 8/21 19 69 that ~~(I)~~ (we) last saw the deceased alive on 8/21 19 69 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: J R Neefe MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8/21/69

23C. PHYSICIAN'S NAME (Type): J.R. Neefe M.D. DEGREE

23D. ADDRESS: 4940 Eastern Avenue Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/25/69

24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.

25C. FUNERAL DIRECTOR: John J. Buda ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-261 69 8439

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8439

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Elmer C. Cosgrove

2. DATE AND HOUR OF DEATH: Aug. 20, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 6719 Graceland Ave. Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2636
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6719 Graceland Avenue

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Feb. 9, 1909
9. AGE (In years last birthday): 60
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician-Bethlehem
10B. KIND OF BUSINESS OR INDUSTRY: Steel Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Cosgrove
14. MOTHER'S MAIDEN NAME: Mary Schmiser

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-09-6399
17. INFORMANT: Mrs. Lillie A. Cosgrove (Wife) ADDRESS: 6719 Graceland Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE METASTATIC
DUE TO, OR AS A CONSEQUENCE OF:
CARCINOMA OF LEFT
(B) LUNG
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14 MONTHS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 1/9/68
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CARCINOMA OF LUNG
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/19/68 19 to 8/20/69 19 that (I) (we) last saw the deceased alive on 7/16/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph Miceli M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/21/69
23C. PHYSICIAN'S NAME (Type): Joseph Miceli M. D. DEGREE
23D. ADDRESS: 108 S. Taylor Ave. Essex, Md. 21221

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

1969 1 2 8 4 2 7

VS 150-REV. 1/1/68

BIRTH NO. J-520 69 8440

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69 8440

1. NAME OF DECEASED (Type or Print): Westley Jones

2. DATE AND HOUR OF DEATH: August - 20th.69 | 7P. M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00 4009 Liberty Heights Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1510

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 4009 Liberty Heights Avenue

5. SEX	6. RACE	7. MARITAL STATUS (Never Married, Married, Widowed, Divorced)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	~~American~~ Col.	Widowed	Aug.1st.1887	82				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction	Georgia	U.S.A.

13. FATHER'S NAME: Dock Jones

14. MOTHER'S MAIDEN NAME: Sophia Mack

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-12-5405

17. INFORMANT: Mrs.Mary Washington ADDRESS: 4009 Liberty Heights Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from May 12 1968 to Aug 20 1969, that (I) (we) last saw the deceased alive on Aug 18 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Louis T. Lavy M.D. Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: Aug 22 1969

23C. PHYSICIAN'S NAME (Type): LOUIS T. LAVY M.D.

23D. ADDRESS: 350 W. Lafayette Ave Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/22/69

24C. NAME of CEMETERY or CREMATORY: Mt Calvery Cemetary

24D. LOCATION (City, town, or county) (State): Brooklyn Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Stetson D. Wilson Funeral Home ADDRESS: 1913 W. Balto

VS 150-REV. 11/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

54-83-75 vlb

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-200 69 8441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8441

1. NAME OF DECEASED (Type or Print): MABEL LEWIS

2. DATE AND HOUR OF DEATH: 8-18-69 10:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1204
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 411 Heaver Street 21218

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 8-12-12
9. AGE (In years last birthday): 57
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Wright
14. MOTHER'S MAIDEN NAME: Amy Halls

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records: ADDRESS: BCH 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Anemia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1½ years
DUE TO, OR AS A CONSEQUENCE OF:
(B) Invasive, Cancer Ca of cervix — 1½ years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 7 1969 to Aug 18 1969, that (I) (we) last saw the deceased alive on Aug 18 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G Alarcon MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-18-69
23C. PHYSICIAN'S NAME (Type): GRACIELA S. ALARCON MD DEGREE
23D. ADDRESS: Baltimore City Hospitals 21224, 4940 Eastern Avenue, Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-23-69
24C. NAME of CEMETERY or CREMATORY: Calvary Cem
24D. LOCATION (City, town, or county) (State): A. A. Co Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Raymer Sanders
ADDRESS: 217 E. Preston St

VS 150-REV. 1/1/68

B-660 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8442 4

BIRTH NO. 69-15399 69 8442

1. NAME OF DECEASED (Type or Print): BREWER, BABY BOY (JIMMY L. JR.)

2. DATE AND HOUR OF DEATH: AUGUST 20, 1969 12:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: ANNE ARUNDEL CO 52-00

C. CITY OR TOWN: GLEN BURNIE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 366 KLAGG COURT 21061

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 08/20/69 9. AGE (In years last birthday) If Under 1 Yr. Months Days If Under 24 Hrs. Hours 2 Min. 58

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEW BORN 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JIMMY BREWER

14. MOTHER'S MAIDEN NAME: SANDRA (NEE OWENS) BREWER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: ST. AGNES HOSPITAL RECORDS ADDRESS

MEDICAL CERTIFICATION

18. 776.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Asphyxia

DUE TO, OR AS A CONSEQUENCE OF:

(B) Neonatorum

DUE TO, OR AS A CONSEQUENCE OF:

(C) Aspiration - Meconium

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): none 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 20 1969 to AUGUST 20 1969 that (I) (we) last saw the deceased alive on AUGUST 20 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Castro - Alonso DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): J DE CASTRO - ALONSO DEGREE

23D. ADDRESS: BALTIMORE, MARYLAND 21229 ST. AGNES HOSP; CATON & WILKENS AVES.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 8-24-69 24C. NAME of CEMETERY or CREMATORY: Monarch Vista, W. Va. 24D. LOCATION (City, town, or county) (State): Bluefield, West Va.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969 25B. NAME OF REGISTRAR: Jacob E. Yarbey, M.D. 25C. FUNERAL DIRECTOR: U. R. BAILEY ADDRESS: NELSON B.H. 1348 N. CALHOUN ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-26B

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 8443 REG. NO. 69 8443

1. NAME OF DECEASED (Type or Print): HAROLD RICHARDS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 22, 1969 Hour 7:00 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PROVIDENT HOSPITAL (DOA)

39/99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York B. COUNTY: V-29
C. CITY OR TOWN: New York City
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 744 Tremont Avenue

6. SEX: Male
7. RACE: Negro
8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 1-16-38
10. AGE (In years last birthday): 31 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Richards

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Annie Contee

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.:
18. INFORMANT: Charles Richards ADDRESS: 3413 Walbrook Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty Metamorphosis of Liver — IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

571.8

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8/23/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-26-69
24C. NAME of CEMETERY or CREMATORY: Mt. Calvery Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: R. Bailey Kelson F.H. ADDRESS: 1348 N. Calhoun Street

VS 151-REV. 1/1/68

1969 0 0 0 4 3 1

M-2001

BALTIMORE CITY HEALTH DEPARTMENT

69 8444 CERTIFICATE OF DEATH

REG. NO. 69 8444

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MOZIE, WILLIE

2. DATE AND HOUR OF DEATH: 5:20 PM August 20, 1969

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 2211 Madison Ave, Baltimore MD
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1303

5. SEX: M
6. RACE: C
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12-25-04
9. AGE (In years last birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Judge Mozie
14. MOTHER'S MAIDEN NAME: Nancy Harris

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unk.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-16-5078
17. INFORMANT: Johnny Mozie ADDRESS: 2778 W. North Ave.

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: acute pulmonary edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: aprox. 20 Hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Congestive heart failure & possible MI
DUE TO, OR AS A CONSEQUENCE OF:
(C) Prostate adenoma operated yesterday

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 8, 19, 1969
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: PROstate adenoma
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8, 12, 1969 to 8, 20, 1969, that (I) (~~we~~) last saw the deceased alive on 5PM, 8, 20, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Massoud Alizadeh DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): MASSOUD ALIZADEH, M.D DEGREE
23D. ADDRESS: Lutheran Hospital of MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/23/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: V. R. Bailey Kelson F.H. ADDRESS: 1348 N. Calhoun St.

VS 150-REV. 1/1/68

0432

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-540 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 8445

REG. NO. 69 8445

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Herbert Daniel

2. DATE AND HOUR OF DEATH: 8-23-69 | 8 45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Key Circle Hosp 1214 N. Eutaw Pl

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2001
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 218 N. Fulton ave.

5. SEX: M
6. RACE: C
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Dce 23, 1902
9. AGE (In years last birthday): 66
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Daniel
14. MOTHER'S MAIDEN NAME: Louise Boyd

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 240 12-4078
17. INFORMANT: Cora Daniel
ADDRESS: 218 N. Fulton Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardio — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO, OR AS A CONSEQUENCE OF: Vascular disease with Heart Failure
(B) Chronic Brain Syndrome. — years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from August 22 1969 to August 23 1969, that ~~(I)~~ (we) last saw the deceased alive on August 23 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: C E Aranaga M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8-23-69
23C. PHYSICIAN'S NAME (Type): CARLOS E. ARANAGA M.D. DEGREE
23D. ADDRESS: 1701 MERIDENE DRIVE BALTO. 21212 (433-0331)

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/26/69
24C. NAME of CEMETERY or CREMATORY: Church Cemtery
24D. LOCATION (City, town, or county) (State): Grenville N.C.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Tyler M.D.
25C. FUNERAL DIRECTOR: V.R. Bailey
ADDRESS: Kelson Fun'l Home 1348 N. calhounst.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-4001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8446 REG. NO. 69 8446

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Francis Hall

2. DATE AND HOUR OF DEATH: 8-19-69 4:35 p. m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 39
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1514 Division Street, Baltimore. Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1702
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1332 Druid Hill Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-27-93
9. AGE (In years last birthday): 75
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Issac Hall
14. MOTHER'S MAIDEN NAME: Rosanna
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218098477
17. INFORMANT: Mrs. Estella Hall (Wife)
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral Hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) Hypertensive Cardiovascular Disease
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-18-69 19 to 8-19-69 19 that (I) (we) last saw the deceased alive on 8-19-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Corpuz DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-20-69
23C. PHYSICIAN'S NAME (Type): Dr. R. Corpuz DEGREE
23D. ADDRESS: 1514 Division Streeet

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-23-69
24C. NAME of CEMETERY or CREMATORY: Mt. Calvery Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Faulkner, M.D.
25C. FUNERAL DIRECTOR: V.R. Bailey Nelson E.H.
ADDRESS: 1348 Calhoun St.

VS 150-REV. 1/1/68

G-635 69 8447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8447

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LENA GAERTNER

2. DATE AND HOUR OF DEATH: Aug. 24, 1969 2 30/p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Gould Convalesarium

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2758
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5820 Edgepark Road - 14

5. SEX: female
6. RACE: caucasian
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 7, 1891
9. AGE (In years last birthday): 78
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Gaertner
14. MOTHER'S MAIDEN NAME: Mary Kahl

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Gordon Gaertner
ADDRESS: 1301 HeatherHill Rd, Balto. 12

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: —
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertensive Arteriosclerotic Heart Disease, years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Decubitis, Chronic Brain Syndrome, Urinary Tract Infection, Anemia

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 6/7/1969 to 8/24/1969, that (I) (~~we~~) last saw the deceased alive on 8/26/1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Albert B. Bradley DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/25/69
23C. PHYSICIAN'S NAME (Type): Dr. Albert B. Bradley DEGREE
23D. ADDRESS: 4900 Belair Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-27-69
24C. NAME of CEMETERY or CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Jaffee, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.-Balto, Md.-14
ADDRESS

VS 150 (Rev. 11/68) 0 0 0 8 4 3 5

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-413 69 8448

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8448

1. NAME OF DECEASED (Type or Print): Bridget T Talbott

2. DATE AND HOUR OF DEATH: August 24,1969 8:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3101 White Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2744

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3101 White Ave

5. SEX: Female

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Nov.27,1866

9. AGE (In years last birthday): 102

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Burke

14. MOTHER'S MAIDEN NAME: Margaret Walsh

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-54-6132

17. INFORMANT: Mr Charles Talbott

ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1B. 412.2	(A) IMMEDIATE CAUSE: Myocardial Failure	2 weeks
	DUE TO, OR AS A CONSEQUENCE OF: (B) arterio-sclerotic cardio-vascular disease	30 years
	DUE TO, OR AS A CONSEQUENCE OF: (C) Hypertension	45 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Senile changes generalized	

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): no

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): no

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1947 to Aug. 22 1969, that (I) (~~we~~) last saw the deceased alive on Aug. 22 1969 and that In(my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (did not) view the body after death.

23A. SIGNATURE: Dwight M. Currie M.D. DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: Aug 24,1969

23C. PHYSICIAN'S NAME (Type): Dwight M Currie M.D. DEGREE

23D. ADDRESS: 11 East Chase St Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/27/69

24C. NAME of CEMETERY or CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Leonard J Ruck Inc,

ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-620 69 8449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8449

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BERG, Sprinza B

2. DATE AND HOUR OF DEATH 8/22/69 3:30 AM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

36 Franklin Square Hospital F.S.H.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY Baltimore 2733

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER 3702 Goodwood Rd.

5. SEX F 6. RACE W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH 12/12/96

9. AGE (In years last birthday) 72 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ? Bay

14. MOTHER'S MAIDEN NAME ? Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-01-3044

17. INFORMANT FSH. ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

18. 573.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Massive Hemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hematoma

DUE TO, OR AS A CONSEQUENCE OF:

(C) Fracture of femur

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/17 1969 to 8/22 1969, that (I) (we) last saw the deceased alive on 8/22 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE ECARMA, CALVIN M DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED 8/22/69

23C. PHYSICIAN'S NAME (Type) ECARMA CALVIN S MD DEGREE

23D. ADDRESS FSH.

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 8/25/69

24C. NAME of CEMETERY or CREMATORY Moreland Memorial Park

24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. AUG 25 1969

25B. NAME OF REGISTRAR Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR Leonard J Ruck Inc. ADDRESS Baltimore, Maryland

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-550

BIRTH NO. 69 8450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8450

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final dispositon is made.

1

1. NAME OF DECEASED (Type or Print): Charlotte M. ~~XXXXXXXXXX~~ Schumann

2. DATE AND HOUR OF DEATH: 8/22/1969 10:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore City
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3017 The Alameda 906

48

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 11/12/1889
9. AGE (In years last birthday): 79
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Schmidt
14. MOTHER'S MAIDEN NAME: Magdalena ~~XXXXXXXXXX~~ Magdalena Rott

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-01-4248
17. INFORMANT: Mr. George Schmidt
ADDRESS: 3017 The Alameda

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Respiratory arrest — minutes
DUE TO, OR AS A CONSEQUENCE OF:
(B) CVA — 18 hours
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Obstructive jaundice, etiol? — 9 days. ~~over 6 days~~

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/19 1969 to 8/22 1969 that (I) (we) last saw the deceased alive on 8/22 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard C. Keech MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/22/69
23C. PHYSICIAN'S NAME (Type): Richard C. Keech, M.D. DEGREE
23D. ADDRESS: 827 Linden Ave., Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-25-69
24C. NAME of CEMETERY or CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.
ADDRESS: 5305 Harford Rd.

VS 150-REV. 1/1/68

B-615 69 8451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8451

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GRIFFIN, EMMA DOLD,

2. DATE AND HOUR OF DEATH: August 24th 69 8 10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL HOSPITAL. 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: ~~MD~~ 2714

C. CITY OR TOWN: BALTIMORE.

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 411 HAWTHORNE ROAD.

5. SEX: F

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 09-12-94

9. AGE (In years last birthday): 74

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): ~~VIRGINIA~~ BACTO, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM BORUM.

14. MOTHER'S MAIDEN NAME: GRACE E. OTT.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-44-9542

17. INFORMANT: JOHN C. GRIFFIN

ADDRESS: (SAME)

MEDICAL CERTIFICATION

I

1B. 230.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Cardiac failure. due to

DUE TO, OR AS A CONSEQUENCE OF: PAT.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Mikulicz operation for rectal tumor,

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: CS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 7/17/69; 7/25/69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: PAT & Rectal tumor.

20A. AUTOPSY? (Yes or No): yes.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/14 1969 to 8/24 1969, that (I) (we) last saw the deceased alive on 8 10 PM Aug 24th 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) did (did not) view the body after death.

23A. SIGNATURE: Tzen-Chi Pan-Chiang DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 8/24/69.

23C. PHYSICIAN'S NAME (Type): Dr. Tzen-Chi Pan-Chiang DEGREE

23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/27/69

24C. NAME of CEMETERY or CREMATORY: Druid Ridge

24D. LOCATION (City, town, or county) (State): Pikesville, Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Fulton, M.D.

25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.

ADDRESS: 4905 York Rd. Balto., Md. 21212

8 2 3

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-636 69 8452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8452

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Ida France Carter

2. DATE AND HOUR OF DEATH: Aug. 23, 1969 8 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 218 Ridgewood Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2714

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 218 Ridgewood Road

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 4-22-1878

9. AGE (In years last birthday): 91

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob France

14. MOTHER'S MAIDEN NAME: Ida Jane Cullimore

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-46-8404

17. INFORMANT: Mrs. Carter Birely

ADDRESS: 6009 Hunt Ridge Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: PULMONARY EMBOLISM	4 DAYS
	DUE TO, OR AS A CONSEQUENCE OF: (B) A.S.C.V. DISEASE	6 YEARS +
	DUE TO, OR AS A CONSEQUENCE OF: (C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). CHRONIC BRONCHITIS	YEARS.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from OCTOBER 1964 to AUGUST 23 1969, that (I) (we) last saw the deceased alive on AUGUST 23, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

23A. SIGNATURE: Arthur Karfgin M.D. DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 8/25/69

23C. PHYSICIAN'S NAME (Type): Dr. Arthur Karfgin DEGREE

23D. ADDRESS: 1532 Havenwood Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-26-1969

24C. NAME of CEMETERY or CREMATORY: Mt. Zion Methodist Church Cemetery

24D. LOCATION (City, town, or county): Fountain Green, (State) Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.

ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

1 9 3 9 0 0 8 4 1 0

S-660 69 8453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 69 8453

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SHEARER, NINA LEE

2. DATE AND HOUR OF DEATH: 23rd. August 1969 | 3 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2634
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 5115 ~~BROAD~~ GROTON ROAD

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 10-05-00
9. AGE (In years last birthday): 68
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (NONE) RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: STRAUS, ROYER & STRAUS CLOTHING EXAMINER
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID H. HOUSTON
14. MOTHER'S MAIDEN NAME: SARAH I. COX

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-09-4590
17. INFORMANT: JAMES THOMASSON
ADDRESS: 1612 NORTHBOURNE ROAD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

590.2

(A) Renal abscesses. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Y.S.

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 20th of June 1969 to 23rd August 1969 that (I) (we) last saw the deceased alive on 23rd August 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Cabrera M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8/23/1969
23C. PHYSICIAN'S NAME (Type): CABRERA, JUAN M. M.D. DEGREE
23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/27/69
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park
24D. LOCATION (City, town, or county) (State): Parkville, Balto.Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co.
ADDRESS: 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

M-352 69 8454

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8454

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MATTINGLY, EDWARD WIEGAND

2. DATE AND HOUR OF DEATH: August 22, 1969 9:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218 (23)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore (1307)
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4146 Roland Ave.

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-7-11
9. AGE (In years last birthday): 58
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer
10B. KIND OF BUSINESS OR INDUSTRY: (Unknown) Law
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George L. Mattingly
14. MOTHER'S MAIDEN NAME: Maude Wiegand

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 11-23-40 to 2-3-43
16. SOCIAL SECURITY NO.: 213-03-0917
17. INFORMANT: Records ADDRESS: V.A.Hospital 3900 Loch Raven Blvd., Balto., Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MULTIPLE SCLEROSIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 340 X
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 13, 1965 to August 22, 1969 that (I) (we) last saw the deceased alive on August 22, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (We) (did) (not) view the body after death.

23A. SIGNATURE: R. Vasudeva M.B.; B.S. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/23/69
23C. PHYSICIAN'S NAME (Type): R. VASUDEVA MD DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/26/69
24C. NAME of CEMETERY or CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Tabey, M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Baltimore, Md. 21212

1969 0 0 8 4 5 4

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. O-165 69 8455

REG. NO. 69 8455

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Ada A. O'Brien

2. DATE AND HOUR OF DEATH: August 22, 1969 | 11:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 505 Evesham Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2778
C. CITY OR TOWN: Baltimore 21212
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 505 Evesham Ave.

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 12/15/1882
9. AGE (In years last birthday): 86
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Bell
14. MOTHER'S MAIDEN NAME: Margaret E. Springer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-46-0855
17. INFORMANT: William B. O'Brien
ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Heart Disease with Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) A.S.C.V.D. — years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Generalized Arteriosclerosis — years

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan 1967 19 to 22 Aug 1969 19, that (I) (we) last saw the deceased alive on 22 August 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lauriston L Keown MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 23 Aug 1969
23C. PHYSICIAN'S NAME (Type): Dr. Lauriston L. Keown DEGREE
23D. ADDRESS: 431 E. Lake Ave.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/25/69
24C. NAME of CEMETERY or CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Talbey M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Rd. Baltimore, Md. 21212

1 9 6 9 0 0 8 4 1 5

VS 150-REV. 1/1/68

P-620 69 8456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8456

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Harvey Price

2. DATE AND HOUR OF DEATH: August 22, 1969 | 3:09 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 33

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital Baltimore, Md. (21205)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: —— 808

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1739 E Preston St

5. SEX: Male

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 2/15/16

9. AGE (In years last birthday): 53 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clothes Sorter

10B. KIND OF BUSINESS OR INDUSTRY: Bugle Laundry

11. BIRTHPLACE (State or foreign country): S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Odessa Johnson

ADDRESS: 1739 E. Preston St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

410.9

(A) IMMEDIATE CAUSE: Cerebral anoxia with coma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 25 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Acute myocardial infarction with cardiac arrest — July 28, 1969

DUE TO, OR AS A CONSEQUENCE OF:

(C) Coronary artery arteriosclerosis

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): None

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): XXXXX YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): None

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.): —

21E. INJURY OCCURRED: — While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? —

22. I certify that (this hospital) attended the deceased from July 28 19 69 to August 22 19 69 that (I) (we) last saw the deceased alive on August 22 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (did) view the body after death.

23A. SIGNATURE: Thomas E. Davis, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Aug 22, 1969

23C. PHYSICIAN'S NAME (Type): THOMAS E. DAVIS DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Aug 26/69

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem.

24D. LOCATION (City, town, or county) (State): Westport Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.

25C. FUNERAL DIRECTOR: Gilbert T. Buckman

ADDRESS: 1129 N. Carlton St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

OSL 4 150

60 2269

41-31-31 db

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-251 69 8457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 69 8457

1. NAME OF DECEASED (Type or Print): ETHEL COOSENBERRY

2. DATE AND HOUR OF DEATH: 8/22/69 9 25 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: BALTIMORE CITY HOSPITALS
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4940 Eastern Avenue, Baltimore, Maryland 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 5300
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 102 Kingsley Road 21221 005

5. SEX: Female
6. RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-12-13
9. AGE (In years last birthday): 55
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Pitts
14. MOTHER'S MAIDEN NAME: Florence Reed

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 212-16-2653
17. INFORMANT: BCH-Records
ADDRESS: 4940 Eastern Avenue, Baltimore, Maryland 21224

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 180 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: EPIDERMOID CARCINOMA OF CERVIX — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1½ yr
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
RECTO-VESICAE FISTULA
CHRONIC URINARY TRACT INFECTION

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8/13 19 69 to 8/22 19 69 that ~~(I)~~ (we) last saw the deceased alive on 8/22 19 69 and that ~~in (my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: James R. Fonk M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/22/69
23C. PHYSICIAN'S NAME (Type): James R. Fonk M.D. DEGREE
JAMES R. FONK M.D.
23D. ADDRESS: 4940 Eastern Avenue BALT. CITY HOSPITAL Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 27/69
24C. NAME of CEMETERY or CREMATORY: Sharp St. Cem
24D. LOCATION (City, town, or county): Chase, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Gwell S. Clickson
ADDRESS: 1129 N. Carlton

VS 150-REV. 1/1/68

S-340, 69 8458

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8458

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): William Stell

2. DATE AND HOUR OF DEATH: 8-23-69 12:15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1514 Division Street, Baltimore, Maryland 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-12
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2817 Violet Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-7-50
9. AGE (In years last birthday): 19
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Stell
14. MOTHER'S MAIDEN NAME: Mrs. Pearl Stell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Pearl Stell (Mother)
ADDRESS: Same

MEDICAL CERTIFICATION

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Bronchopneumonia Complicating Drug Overdosage (Fiorinal Tab.) — probable
DUE TO, OR AS A CONSEQUENCE OF: Overdose of Fiorinal
(B) DUE TO, OR AS A CONSEQUENCE OF: Diabetes Mellitus
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Diabetes Mellitus

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-14-69 19 to 8-23-69 19 that (I) (we) last saw the deceased alive on 8-23-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-23-69
23C. PHYSICIAN'S NAME (Type): Raymundo R. Corpuz M.D. DEGREE
23D. ADDRESS: Provident Hospital, 1514 Division Street - Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-27-69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Westport Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Jackey M.D.
25C. FUNERAL DIRECTOR: Milton E. Hickson
ADDRESS: 1129 N. Calh...

VS 150-REV. 1/1/68

BIRTH NO. B-453 69 8459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8459

1. NAME OF DECEASED (Type or Print): BLAND, William Roland

2. DATE AND HOUR OF DEATH: 8-22-69 12:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218
23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1402
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1411 Division Street

5. SEX: Male
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 7-10-02
9. AGE (In years last birthday): 67
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph I. Bland
14. MOTHER'S MAIDEN NAME: Lucy Smith

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: PN861-07-10-02
17. INFORMANT: VA Hospital Records
ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: C A of Lung with Metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 11, 1969 to August 22, 1969 that (I) (we) last saw the deceased alive on August 22, 1969 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W B Iams MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8-24-69
23C. PHYSICIAN'S NAME (Type): WILLIAM B. IAMS MD DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/27/69
24C. NAME of CEMETERY or CREMATORY: National Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead
ADDRESS: 1206 W north Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

C-616 69 8460

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8460

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOUIS HENRY CRAWFORD

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 19, 1969 Hour 2:15 AM

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 PROVIDENT HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 00-00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: Unk.

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 7/10/42
10. AGE (In years last birthday): 28
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Crawford
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Construction
15. MOTHER'S MAIDEN NAME: Gladys
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs Muse, ADDRESS: 1012 N Careyn St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

304.9

(A) IMMEDIATE CAUSE: Narcotic Addiction
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: R S Fisher M.D.
EXAMINER'S NAME (Type): Russell S. Fisher, M.D.
DATE SIGNED: 8/25/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/27/69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead, ADDRESS: 1206 W North Ave

VS 151-REV. 1/1/68

1969 0 0 0 8 4 6 8

R-534 / 69 8461

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8461

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): THOMAS RANDALL

2. DATE AND HOUR OF DEATH: 8/22/69 | 12 40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: MARYLAND GEN'L HOSPITAL
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1701
C. CITY OR TOWN: BALTO 21201
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 609 PENNSYLVANIA AVE

5. SEX: M
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10/15/94
9. AGE (In years last birthday): 74
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: WILLIAM.
14. MOTHER'S MAIDEN NAME: ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 247-54-1314
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: ~~Renal Failure~~ Pulmonary Atelectasis and Uremia — 3 days
DUE TO, OR AS A CONSEQUENCE OF: OBSTRUCTIVE
(B) Jaundice — 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(C) Carcinoma of pancreas

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Arteriosclerotic cardiovasc. disease

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8/12/69 19 to 8/22/69 19 that (I) (we) last saw the deceased alive on 8/22/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robt. M. Beazley DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/22/69
23C. PHYSICIAN'S NAME (Type): Robert M. BEAZLEY DEGREE
23D. ADDRESS: MARYLAND GEN'L HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/26/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Lackey, M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead
ADDRESS: 1206 W north Ave

VS 150-REV. 1/1/68

1

W-452 69 8462

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8462

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EDWARD WILLIAMS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 22,1969 Hour 4:40 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 LUTHERAN HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1605

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 8-22-1932

10. AGE (In years last birthday): 37

If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 943 N. Bentalou Street

11. BIRTHPLACE (State or foreign country): Manning, South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abbe Williams

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Virgil Carter

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.

17. SOCIAL SECURITY NO.:

18. INFORMANT: M's Creolar Williams ADDRESS: 903 N. Bentalou Street

MEDICAL CERTIFICATION

19. E 9801.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary embolism complicating unconsciousness
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) from overdose of Phenothiazine
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 943 N. Bentalou Street

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8-22-69 Unk. m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Ingested overdose of phenothiazine

23. I certify that I held an Inquiry ☐ Inspection ☐ ~~Autopsy~~ ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☒

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 8/23/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-31-69

24C. NAME of CEMETERY or CREMATORY: Mt. Chapel Bapt. Ch. Cem.

24D. LOCATION (City, town, or county) (State): Jordan, South Carolina

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 151 REV. 1/1/68

N 9 8 6 9 0 0 0 8 4 5 0

Letter from Dr.Kornblum

1

A-455 69 8463

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8463

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lawrence Allmond

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 8 Day: 22 Year: 69 Hour: 12:29a. M.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 22 Year: 69 Hour: 12:29 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2716

6. SEX: male

7. RACE: colored

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 8-27-1927

10. AGE (In years last birthday): 41

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 2550 W. Cold Spring La.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Allmond

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N/A

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Bessie Allmond

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.

17. SOCIAL SECURITY NO.: 216-20-6157

18. INFORMANT: Mrs. Quincie Allmond ADDRESS: 2550 W. Cold Spring La

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E965 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple gunshot wounds

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): North and Chester Sts. 806

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8 21 69 11:34pm.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

22F. HOW DID INJURY OCCUR? shot during altercation

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE OF EXAMINER: [signature] M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 8/22/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/26/69

24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 151-REV. 3/1/68

N 907 1 8 9 0 0 0 0 4 5 1

V-242 69 8464

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8464

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Vessels, William

2. DATE AND HOUR OF DEATH: 8-21-69 12:45 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Inc. 1514 Division Street Baltimore, Maryland 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1602
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1131 N. Stricker Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 7-30-12
9. AGE (In years last birthday): 57
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Burgard Vessels
14. MOTHER'S MAIDEN NAME: Carrie Vessels
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Mildred Dorsey/ Sister
ADDRESS: 1802 Prestman Street

MEDICAL CERTIFICATION

18. 560.21

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: ACUTE PERITONITIS ~~Intestinal obstruction~~

(A) IMMEDIATE CAUSE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ~~about~~ 3 days

DUE TO, OR AS A CONSEQUENCE OF:
LARGE BOWEL INFARCTION ~~Abdominal distension, stuck~~

(B) 4 days

DUE TO, OR AS A CONSEQUENCE OF:
SIGMOID VOLVULUS

(C) 4 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-19-69 19 to 8-21-69 19 that (I) (we) last saw the deceased alive on 8-21-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Alphonso Y. S. Chez DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-21-69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: Provident Hospital, Inc. 1514 Division Street - Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/25/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: Morton Byett F.H.
ADDRESS: 1701 Laurens St

VS 150-REV. 1/1/68

R-2601

R-260 69 8465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8465

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DOROTHY M. RUCKER

2. DATE AND HOUR OF DEATH: 8-22-1969 | 6.50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MONTEBELLO STATE HOSPITAL

91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 2536 McHenry St.
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2536 McHenry St. 2004

5. SEX: F
6. RACE: N.
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/23/31
9. AGE (In years last birthday): 38
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Post Office.
10B. KIND OF BUSINESS OR INDUSTRY: J.H. Filbert Co.
11. BIRTHPLACE (State or foreign country): BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Shired.
14. MOTHER'S MAIDEN NAME: Daisy Shired.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Shelton Rucker ADDRESS: 3705 Calhoume Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastasis Carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: about 5 Months
DUE TO, OR AS A CONSEQUENCE OF: intra abdominal organ + inguinal

ANTECEDENT CAUSES

(B) Cloacogenic Carcinoma of the ano-rectal function with metastasis to the rectum. — one year.
DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 3-13-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: INTESTINAL Obstruction Recurrent Cloacogenic Carcinoma
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-18- 1969 to 8-22 1969, that (I) (we) last saw the deceased alive on 8-22 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Fuxa M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8-22-69.
23C. PHYSICIAN'S NAME (Type): Jorge G. Fuxa M.D. DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/29/69
24C. NAME of CEMETERY or CREMATORY: Balto. Nat'l Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Jobeb E. [illegible]
25C. FUNERAL DIRECTOR: Martin Dyott F.H.
ADDRESS: 1701 Laurens St.

1969 0 0 8 4 5

VS 150-REV. 1/1/6B

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final dispositian is made.

C-543 69 8466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8466

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHINAULT, CLIFFORD W

2. DATE AND HOUR OF DEATH: 8/20/69 10:20 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: MARYLAND GEN'L HOSPITAL

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: BALTIMORE 21227 D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 34 ELIZABETH ST.

5. SEX: M

6. RACE: Cau.

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 01/16/98

9. AGE (In years last birthday): 71

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - RETIRED -

10B. KIND OF BUSINESS OR INDUSTRY: TRANSPORTATION

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SMITH HUNTER CHINAULT

14. MOTHER'S MAIDEN NAME: FRANCES ELIZABETH SPILLMAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-10-0821

17. INFORMANT: Eleanor E. Chinault

ADDRESS: 34 Elizabeth Ave. Lansdowne 21227

MEDICAL CERTIFICATION

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovasc. Disease

(A) IMMEDIATE CAUSE: MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 WEEKS

DUE TO, OR AS A CONSEQUENCE OF:

PROSTATIC HYPERTROPHY

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8-6-69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: BENIGN PROSTATIC HYPERTROPHY

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NO

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): NO

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): NO

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8-3-69 19 to 8-20-69 19 that (I) (we) last saw the deceased alive on 8-20-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert M. Bergley DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8/20/69

23C. PHYSICIAN'S NAME (Type): ROBT. M. BERGLEY DEGREE

23D. ADDRESS: MARYLAND GEN'L HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-25-69

24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial Park

24D. LOCATION (City, town, or county) (State): Dorsey Howard Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Robert E. Farley M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard

ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-536 69 8467

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 69 8467

1. NAME OF DECEASED (Type or Print): SCHNEIDER, HELEN ELIZABETH

2. DATE AND HOUR OF DEATH: AUGUST 20, 1969 | 5:00 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST. AGNES HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTIMORE 5300

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 5557 LINK AVENUE 21227

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 03-05-91

9. AGE (In years last birthday): 78

If Under 1 Yr. Months: Days | If Under 24 Hrs. Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: XXXXXXXX SHIPLEY, FREDERICK L.

14. MOTHER'S MAIDEN NAME: MARY REBECCA HAWKINS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-20-8979

17. INFORMANT: ST. AGNES HOSPITAL RECORDS-CATON & WILKENS AVES.

ADDRESS: 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 412.31 Pneumonitis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 Week

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASHD and C.V.A

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 27, 1969 to AUGUST 20, 1969 that (I) (we) last saw the deceased alive on AUGUST 20, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bizhan-Ebrahimy M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8-20-69

23C. PHYSICIAN'S NAME (Type): BIZHAN EBRAHIMY, M.D. Bizhan-Ebrahimy M.D. DEGREE

23D. ADDRESS: ST. AGNES HOSP. CATON & WILKENS AVES. BALTIMORE, MD. 21229

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-23-69

24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE MEMORIAL PARK

24D. LOCATION (City, town, or county): DORSEY (State): HOWARD MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969

25B. NAME OF REGISTRAR: Vaseb E. Vaseby M.D.

25C. FUNERAL DIRECTOR: HOWARD H. HUBBARD

ADDRESS: 4107 WILKENS AVE. 21229

VS 150-REV. 1/1/68

1

K-236 69 8468

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8468

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Kajder

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 8 Day: 22 Year: 69 Hour: 11:00 a.m.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 22 Year: 69 Hour: 11:00 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 819 S. Milton Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 104
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 819 S. Milton Ave.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 10-10-1948
10. AGE (In years last birthday): 20
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOSEPH JOHN KAJDER
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
14B. KIND OF BUSINESS OR INDUSTRY: WEST. ELEC.
15. MOTHER'S MAIDEN NAME: ELEANOR OSIECKI
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 215-50-8758
18. INFORMANT: MR. JOS. J. KAJDER
ADDRESS: 819 S. MILTON AVE

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Narcotic addiction
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER: [signature] M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 8/22/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-25-1969
24C. NAME of CEMETERY or CREMATORY: ST. STANISLAUS CEM.
24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

25A. DATE REC'D BY HEALTH DEPT. AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: RAYMOND L. KACZOROWSKI
ADDRESS: 2525 FLEET ST

VS 151-REV. 1/1/68

1969 0008456

1

J-362 69 8469

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8469

BIRTH NO.

1. NAME OF DECEASED (Type or Print): PETER JEDRZEJCZAK

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour August 19, 1969 7:35 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 639 S. Lakewood Avenue (DOA)

00

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 103
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 639 S. Lakewood Avenue

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 4-29-1912
10. AGE (In years last birthday): 57
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: STANISLAUS JEDRZEJCZAK

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OPEN HEARTH
14B. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL
15. MOTHER'S MAIDEN NAME: AGNES TABOT

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 213-07-8506
18. INFORMANT: MRS. BERTHA JEDRZEJCZAK ADDRESS: SAME

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.4

(A) Arteriosclerotic Cardiovascular Disease — IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8/20/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-23-1969
24C. NAME of CEMETERY or CREMATORY: St. STANISLAUS CEM.
24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: RAYMOND L. KACZOROWSKI
ADDRESS: 2525 FLEET ST

VS 151-REV. 1/1/68

1969 0 0 0 0 8469

BIRTH NO. R-400 69 8470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8470

1. NAME OF DECEASED (Type or Print): Riley, Albert Stanley

2. DATE AND HOUR OF DEATH: 8/24/1969 | 6·18 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): North Charles General Hospital 49 N. Charles St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto 2303
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1736 Light Street

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/16/10
9. AGE (In years last birthday): 58
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Track foreman
10B. KIND OF BUSINESS OR INDUSTRY: Western Md. RR.
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Israel Riley
14. MOTHER'S MAIDEN NAME: Cappidosia Kidwell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 233-09-0338
17. INFORMANT: Hosp. Chart
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Widespread Cancer — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: months
DUE TO, OR AS A CONSEQUENCE OF:

(B) Bronchogenic Carcinoma — years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Liver Cirrhosis

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-20 1969 to 8-24 1969, that (I) (we) last saw the deceased alive on 8/24 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Gracito V. Patricio, DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/24/69
23C. PHYSICIAN'S NAME (Type): GRACITO V. PATRICIO M.D. DEGREE
23D. ADDRESS: North Charles General Hosp

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-27-69
24C. NAME of CEMETERY or CREMATORY: Nethkin Hill Cemetery
24D. LOCATION (City, town, or county) (State): Elk Garden, W. Va.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.
25C. FUNERAL DIRECTOR: McCully
ADDRESS: 1302 E. Fort Ave. City 21230

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-516

BIRTH NO. 69 8471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8471

1. NAME OF DECEASED (Type or Print): LOMBARDI, MR. ANTHONY J.

2. DATE AND HOUR OF DEATH: 8.24.1969 | 3.15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home and Hospital 100 N BROAD WAY Baltimore MD. 21231

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: Baltimore. 601
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 148. N. Streeper ST. 21224.

5. SEX: male
6. RACE: White
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11.23.08
9. AGE (In years last birthday): 60
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic Crane Operator
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Italy.
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: CARL LOMBARDI
14. MOTHER'S MAIDEN NAME: R — Eufrasina Di Giacomo

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-01-9571
17. INFORMANT: Rita Lombardi (Wife) ADDRESS: 148. N. Streeper St. 21224

MEDICAL CERTIFICATION

18. 151.9

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: metastatic Ca liver — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 month.
DUE TO, OR AS A CONSEQUENCE OF: Primary site - Stomach
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8.19.69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Laparotomy Liver Biopsy for Ca liver.
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8.21 1969 to 8.24. 1969 that (I) (we) last saw the deceased alive on 8.24. 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Abdus Samad. MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 8.24.69
23C. PHYSICIAN'S NAME (Type): ABDUS SAMAD MD DEGREE
23D. ADDRESS: Church Home & Hospital 100 N Broad way 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8 27 69
24C. NAME of CEMETERY or CREMATORY: Moreland Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: McCully
ADDRESS: 130 E. Fort Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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F-236 69 8472

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8472

BIRTH NO. 62-34947

1. NAME OF DECEASED (Type or Print): MICAEL FOSTER
Michael Foster

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: August; Day: 20; Year: 1969; Hour: 4:00 P.M.

3. DATE PRONOUNCED DEAD — Month: August; Day: 20; Year: 1969; Hour: 4:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital
33

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 908
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1930 Asquith Street

6. SEX: Male
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [✓] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 12-25-1962
10. AGE (In years last birthday): 6
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: UNKNOWN
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
14B. KIND OF BUSINESS OR INDUSTRY: NONE
15. MOTHER'S MAIDEN NAME: UNKNOWN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: NONE
18. INFORMANT: Mrs Ethel Traylor — ADDRESS: 1930 N. Aisquith St.

E 8147

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebro-cranial injuries
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 8-18-69
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Head injury
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1900 block Aisquith Street
908

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8-18-69 4:05 P.m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Pedestrian struck by auto

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: August 21, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-23-69
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel Co., Md.

25A. DATE RECEIVED BY HEALTH DEPT.: AUG 25 1969
25B. NAME OF REGISTRAR: Vaberb E. Vaden, M.D.
25C. FUNERAL DIRECTOR: Randolph J. Gollick — ADDRESS: 2431 E. Oliver St.

VS 151-REV. 1/1/68

N 8 5 4 1 0 9 5 9 0 0 0 0 0 0

H-616 69 8473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8473

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HELEN R. HERBERT

2. DATE AND HOUR OF DEATH: 08-10-69 5:35 am

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1301
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2401 EUTAW PLACE

5. SEX: Female
6. RACE: CAUC.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: 5-23-1885
9. AGE (In years last birthday): 84
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Kanobe
14. MOTHER'S MAIDEN NAME: Rebecca Fauwce

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-44-3092
17. INFORMANT: CHART
ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

TB. 23079

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Chronic Congestive Cardiac failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Diabetes.
DUE TO, OR AS A CONSEQUENCE OF:
(C) A.S.C.V.D.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): Refused
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8.9.69 19 to 8.10.69 19, that ~~(I)~~ (we) last saw the deceased alive on 8.10.69 19 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Bilal A. Qureshi DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8-10-69.
23C. PHYSICIAN'S NAME (Type): DR BILAL AHMED QURESHI DEGREE
23D. ADDRESS: BON-SECOURS HOSPITAL BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-13-69
24C. NAME of CEMETERY or CREMATORY: Arlington National
24D. LOCATION (City, town, or county) (State): Fort Myers Va

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Robert E. Talley M.D.
25C. FUNERAL DIRECTOR: W.M. Teakwent Sons
ADDRESS:

VS 150-REV. 1/1/6B

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

F-622 69 8474

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8474

1. NAME OF DECEASED (Type or Print): FERGUSON, JAMES

2. DATE AND HOUR OF DEATH: 8-10-69 1:40 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 1401
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 118 Carroll St.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 7-5-1894
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ferguson, Andrew
14. MOTHER'S MAIDEN NAME: Mintons, Mollie

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-01-4390
17. INFORMANT: Bolton Hill Nursing Home
ADDRESS: 1400 John St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.4

(A) IMMEDIATE CAUSE: Cerebral Vascular Accident — Approximate interval between onset and death: 1 week
DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD. — sev. years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: ----
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: -- ----
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-23-65 19 to 8-10-69 19, that I (we) last saw the deceased alive on 8-10- 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Ellsworth Cook DEGREE
Attending Phys. ☐ Med. Director ☒ Staff Phys. ☐
23B. DATE SIGNED: 8-11-69
23C. PHYSICIAN'S NAME (Type): E. Ellsworth Cook MD DEGREE
23D. ADDRESS: 2431 Maryland Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/8/69
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cem.
24D. LOCATION (City, town, or county) (State): Anne. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Wm. J. Tuckwell & Sons
ADDRESS: Balto, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

address given to Bolton Hill Nursing Home because we're unable to get correct address.

CT.

G-520 69 8475

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69-07238 REG. NO. 69 8475

1. NAME OF DECEASED (Type or Print): Angela Deneen Gaines

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month 7 Day 31 Year 69 Hour 3:12p. M.

3. DATE PRONOUNCED DEAD — Month 7 Day 31 Year 69 Hour 3:12 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1709 Guilford Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1205
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1709 Guilford Ave.

6. SEX: female
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 4/21/69
10. AGE (In years last birthday)
If Under 1 Yr. or Under 24 Hrs. — Months: 3 Days: 10 Hours: Min.

11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Moses Gaines

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Connie Jones

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE (SDII) Interstitial pneumonitis
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE OF EXAMINER: [signature] M.D.
NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 8/1/69

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 8-18-69
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR — ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 151-REV. 7/1/68

6941

69 0 0 8 4 7 5

1

B-152 69 8476

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8476

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LEONARD ROBINSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year July 27, 1969 Hour 6:20 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 804 Williams Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2201
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 804 Williams Street

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH
10. AGE (in years last birthday): 43
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 486X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute pneumonitis
IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Diabetes mellitus

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Chas. S. Springate M.D.
EXAMINER'S NAME (Type) Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED July 28, 1969

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE 8-18-69
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county) (State)

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

25A. DATE REC'D BY HEALTH DEPT. AUG 26 1969
25B. NAME OF REGISTRAR Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR ADDRESS

VS 151-REV. 3/1/68

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C-120 69 8477

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8477

BIRTH NO.

1. NAME OF DECEASED (Type or Print) INEZ CHAVIS	2. DATE OF DEATH Known ☒ Estimated ☐ Month August Day 8 Year 1969 Hour 5:00 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital	3. DATE PRONOUNCED DEAD Month August Day 8 Year 1969 Hour 5:00 P.M.
43	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 2201
6. SEX Female 7. RACE White 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH 10. AGE (In years last birthday) 49 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER 109 W. Barre St.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

486 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Pneumonia

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Charles J. Springate M.D.

EXAMINER'S NAME (Type) Charles Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 8-9-69

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 8-18-69	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. AUG 26 1969	25B. NAME OF REGISTRAR Robert E. Faber, M.D.	25C. FUNERAL DIRECTOR	ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 151-REV. 1/1/68

1968 8 1 3

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M-416 69 8478 BALTIMORE CITY HEALTH DEPARTMENT X

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8478

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DONALD E. MAULFAIR

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year August 22, 1969 Hour 5:10 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
31 CITY HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 18 Iris Lane

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Aug. 31, 1928
10. AGE (In years last birthday): 40
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Dauphin Co. Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: EUGENE MAULFAIR

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MANAGER
14B. KIND OF BUSINESS OR INDUSTRY: MACHINE SHOP
15. MOTHER'S MAIDEN NAME: LENA MARTIN

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES
(If yes, give war or dates of service): WW 11
17. SOCIAL SECURITY NO.
18. INFORMANT: CATHERINE L. MAULFAIR
ADDRESS: 18 IRIS LANE BALTIMORE, MD 21220

MEDICAL CERTIFICATION

19. 412.4

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Acute Laryngo-tracheo-bronchitis

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 8/23/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: AUG 27,69
24C. NAME of CEMETERY or CREMATORY: SHENK'S CHURCH CEM
24D. LOCATION (City, town, or county) (State): ELIZABETHTOWN- PENNSYLVANIA

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: J.F. Eline & Sons Reisterstown, Md.
ADDRESS

VS 151-REV. 1/1/68

1969 0 0 0 8 4 6 6

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-200 69 8479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8479

1. NAME OF DECEASED (Type or Print): Emma Reese

2. DATE AND HOUR OF DEATH: 8-15-69 9:30 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1514 Division Street, Baltimore, Maryland 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1401

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1727 Linden Avenue

5. SEX: Female

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9-6-22

9. AGE (In years last birthday): 46

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Akins

14. MOTHER'S MAIDEN NAME: Mary Stewart

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 215-32-7443

17. INFORMANT: Mr. John Reese (Husband) ADDRESS: Same

MEDICAL CERTIFICATION

1B. 431.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Intracerebral Hemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

(B) Heart Failure

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-14-69 19 to 8-15-69 19 that (I) (we) last saw the deceased alive on 8-15-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G. Tengco M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8-15-69

23C. PHYSICIAN'S NAME (Type): Dr. G. Tengco M.D. DEGREE

23D. ADDRESS: 1514 Division Street

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-18-69

24C. NAME of CEMETERY or CREMATORY: Clarks Chapel

24D. LOCATION (City, town, or county) (State): Kilmarnock Harford Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: George W Tittle ADDRESS: Bel Air Md

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-200 69 8480 X REG. NO. 69 8480

1. NAME OF DECEASED (Type or Print): Hickey, Mary

2. DATE AND HOUR OF DEATH: 8-22-69 7:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PLEASANT MANOR NURSING HOME 4615 Park Heights Ave Balto 15 Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto. Co. 21207
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: Dogwood Rd

5300

5. SEX: F
6. RACE: W
7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: March 9, 1893
9. AGE (In years last birthday): 76
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Treischman
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 215-24-1427B
17. INFORMANT: Mr. John H. Hickey
ADDRESS: 2100 Beechfield Ave. 27

MEDICAL CERTIFICATION

1B. 436.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Cerebrovascular Accident

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from June 26 1969 to August 22 1969, that (I) (we) last saw the deceased alive on August 21 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Frank G. Kuehn MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/22/69
23C. PHYSICIAN'S NAME (Type): FRANK G. KUEHN MD DEGREE
23D. ADDRESS: 721 Med Arts Bldg Balto 1 Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/25/69
24C. NAME of CEMETERY or CREMATORY: St. Alphonsus Cem.
24D. LOCATION (City, town, or county) (State): Woodstock Maryland Balto Co.

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Robert E. Zaiser M.D.
25C. FUNERAL DIRECTOR: Loring Byers
ADDRESS: 8728 Liberty Rd. Randallstown

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-600 69 8481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 69 8481

1. NAME OF DECEASED (Type or Print): Ethel Garrett Power

2. DATE AND HOUR OF DEATH: August 20, 1969 19:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: University of Maryland Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto. 53-00

C. CITY OR TOWN: Monkton D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: Pearce Road

5. SEX: F

6. RACE: Canc.

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 4-9-1914

9. AGE (In years last birthday): 55

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert N. Garrett

14. MOTHER'S MAIDEN NAME: Ethel W. Varrell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.:

17. INFORMANT: Chart ADDRESS:

MEDICAL CERTIFICATION

18. 1621

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Metastatic Adenocarcinoma to Brain — 4-5 mos

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of Lung. — 4-5 mos

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8-14-69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Metastasis to lymph node in neck

20A. AUTOPSY? (Yes or No): Limited

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3 Aug 1969 to 20 Aug 1969 that (I) (we) last saw the deceased alive on August 20 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald P. Sickler M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 20 Aug 1969

23C. PHYSICIAN'S NAME (Type): Donald P. Sickler M.D. DEGREE

23D. ADDRESS: University of Maryland Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

24B. DATE: 8/22/69

24C. NAME of CEMETERY or CREMATORY: GREENMOUNT CEMET.

24D. LOCATION (City, town, or county): BALTO. (State): MD.

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: JOHN BYRNS SONS

ADDRESS: TOWSON

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-160 69 8482

REG. NO. 69 8482

1. NAME OF DECEASED (Type or Print): Robert Frederick Weber Sr.

2. DATE AND HOUR OF DEATH: 8-21-1969 12:45 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2631
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4614 White Ave.

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-1-1907
9. AGE (In years last birthday): 61
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Christian Weber
14. MOTHER'S MAIDEN NAME: Cecilia Barranger

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-03-6191
17. INFORMANT: Kathryn Weber ADDRESS: 4614 White Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Oedema — 10 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cardio-Vascular Hypertensive Disease — 15 years
DUE TO, OR AS A CONSEQUENCE OF:
(C) Arteriosclerosis — 15 years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.):
21E. INJURY OCCURRED: White At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?:

22. I certify that (I) (~~this hospital~~) attended the deceased from April 1952 to August 21, 1969, that (I) (~~we~~) last saw the deceased alive on August 21 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Michael J. Dausch, M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/22/69
23C. PHYSICIAN'S NAME (Type): MICHAEL J. DAUSCH M.D. DEGREE
23D. ADDRESS: 4636 BELAIR-ROAD. BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-25-69
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Robert E. Bell, M.D.
25C. FUNERAL DIRECTOR: Thelma A. Hoffman ADDRESS: 3218 Hudson St.

VS 150-REV. 1/1/68

1

69 8483

W-300

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8483

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Peter Wood

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 8 Day: 21 Year: 69 Hour: 11:40a. M.

3. DATE PRONOUNCED DEAD — Month: 8 Day: 21 Year: 69 Hour: 11:40 a.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
31 Baltimore City Hospitals

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2610

6. SEX: male
7. RACE: white
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 7/23/'05
10. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

E. STREET AND NUMBER: 3229 Esther Place

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles M. Wood

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Sarah Coppage

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Elva Wood ADDRESS: 3229 Esther Place

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

412.4

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D. Deputy Chief Medical Examiner

DATE SIGNED: 8/22/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/25/'69
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969 Robert E.
25B. NAME OF REGISTRAR: Farbey M.D.
25C. FUNERAL DIRECTOR: John A. Moran, Inc. ADDRESS: 3000 E. Baltimore St

VS 151-REV. 7/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8484

BIRTH NO. B-400 69 8484

1. NAME OF DECEASED (Type or Print): LILLIAN E. BAILEY

2. DATE AND HOUR OF DEATH: August 22, 1969 5:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Gould Convalasarium

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 906

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1618 E. 32nd St.,

5. SEX: Female

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Sept. 21, 1893

9. AGE (In years last birthday): 75

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Ditzel

14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Amy Huey, 17 Glen OakLane ADDRESS: Glen Burnie, Md 21061

MEDICAL CERTIFICATION

18. 4124 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute Pulmonary edema — 6 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arterio-sclerotic C-V disease — 15 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C) Cerebro Vascular disease c senile psychosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov. 8 1966 to Aug 22 1969, that (I) (~~we~~) last saw the deceased alive on Aug. 21 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: H. V. Harbold M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: Aug. 22, 1969

23C. PHYSICIAN'S NAME (Type): Harold V. Harbold, M.D. DEGREE

23D. ADDRESS: 4706 Harford Road, - 212 K

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/25/69

24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: Ullrich Funeral Home, 4210 Belair Road ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-635 69 8485

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8485

1. NAME OF DECEASED (Type or Print): FREEDMAN, FANNIE H.

2. DATE AND HOUR OF DEATH: 8.24.1969 | 11.35 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home & Hospital 100 N Broadway, Baltimore MD. 21231

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto Co 53-00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 15 Warren Park Drive 08

5. SEX: Female
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 8.20.1900
9. AGE (In years last birthday): 69 yr
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry ~~[illegible]~~ SIGEL
14. MOTHER'S MAIDEN NAME: ROSE MALIN

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MR. EARLE S. FREEDMAN
ADDRESS: 2904 SMITH AVENUE #9

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ventricular fibrillation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 H
DUE TO, OR AS A CONSEQUENCE OF: Ventricular tachycardia
Acute MI
(B) DUE TO, OR AS A CONSEQUENCE OF: Cardiogenic shock — yrs.
ASHD
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 8-24 1969 to 8-24 1969 that (I) (we) last saw the deceased alive on 8-24 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (did not) view the body after death.

23A. SIGNATURE: Abdus Samad MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8-24-69
23C. PHYSICIAN'S NAME (Type): ABDUS SAMAD MD DEGREE
23D. ADDRESS: Church Home & Hospital MD. Balt. 21231

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-25-69
24C. NAME of CEMETERY or CREMATORY: SHAAREI ZION
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969 Robert E.
25B. NAME OF REGISTRAR: Farber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-100

BIRTH NO. 69 8486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8486

1. NAME OF DECEASED (Type or Print): SIFF, HERMAN

2. DATE AND HOUR OF DEATH: 8/22/69 11:59 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2716

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 2849 EDGECOMB CIRCLE, SOUTH

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-4-1895

9. AGE (In years last birthday): 74 ~~72 Years~~

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STATE

10B. KIND OF BUSINESS OR INDUSTRY: EMPLOYEE

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LOUIS SIFF

14. MOTHER'S MAIDEN NAME: ESTHER ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES

(If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. ETHEL SIFF, 2849 EDGECOMB CIRCLE SOUTH

ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 600X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Surgery (Prostatectomy)

DUE TO, OR AS A CONSEQUENCE OF:

(B) Coronary embolus

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Vesical neoplasm

19A. DATE OF OPERATION: 8-19-69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Prostatectomy, bladder tumor

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-14 1969 to 8-22 1969, that (I) (~~we~~) last saw the deceased alive on 8-22 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8/22/69.

23C. PHYSICIAN'S NAME (Type): JOGENDRA SINGH DEGREE

23D. ADDRESS: Sinai Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8-24-69

24C. NAME of CEMETERY or CREMATORY: BNAI ISRAEL

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969

25B. NAME OF REGISTRAR: [signature]

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

ADDRESS

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

A-232 69 8487

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8487

1. NAME OF DECEASED (Type or Print): MORRIS M. AGETSTEIN

2. DATE AND HOUR OF DEATH: Aug. 22, 1969 12:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Service Hospital, 3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto Co 53-00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 7030 Yataruba Drive

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1/8/17
9. AGE (In years last birthday): 52
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: APPLIANCES
11. BIRTHPLACE (State or foreign country): Md. BALTIMORE
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Max Agetstein
14. MOTHER'S MAIDEN NAME: Yetta Sugarman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): USAF 1942-1945
16. SOCIAL SECURITY NO.: 218-01-4895
17. INFORMANT: MRS. LILLIAN AGETSTEIN, 7030 YATARUBA DR. #7 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: HODGKINS DISEASE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 21 1969 to Aug. 22 1969 that (I) (we) last saw the deceased alive on Aug. 22 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary E. Feldman, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/22/69
23C. PHYSICIAN'S NAME (Type): Gary E. Feldman, SA Surg (R) DEGREE
23D. ADDRESS: US PHS Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-24-69
24C. NAME of CEMETERY or CREMATORY: BETH TFILOH
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Herbert E. Talbert M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD ADDRESS

VS 150-REV. 1/1/68

1 9 6 9 0 0 8 4 7 5

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

RGB

D-450 69 8488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8488

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Dillon, Jacob

2. DATE AND HOUR OF DEATH: 8-21-69 1:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2717

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: Levindale Nursing Home, Belvedere Ave.

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: XXXXXXXXXXXX

9. AGE (In years last birthday): 81

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10B. KIND OF BUSINESS OR INDUSTRY: RETAIL

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? DILLON

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-30-3236

17. INFORMANT: Dr. Henry Dillon, ADDRESS: 2703 STEELE RD #9

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

560.9

(A) IMMEDIATE CAUSE: Acute Renal Failure

DUE TO, OR AS A CONSEQUENCE OF:

(B): Septic Shock

DUE TO, OR AS A CONSEQUENCE OF:

(C): Intestinal Obstruction

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): —

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-21 19 69 to 8-21 19 69, that (I) (we) last saw the deceased alive on 8-21 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Yusoff T. Allian M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 8-21-69

23C. PHYSICIAN'S NAME (Type): yusoff t. allian DEGREE

23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8-22-69

24C. NAME of CEMETERY or CREMATORY: TIFERETH ISRAEL ANSHE SFARD

24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969

25B. NAME OF REGISTRAR: E. Talbert M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS, ADDRESS: 6010 REISTERSTOWN ROAD

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

A-342 69 8489

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 8489

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MAMIE ADELSON

2. DATE AND HOUR OF DEATH: AUGUST 22, 1969 — 8:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PALL MALL NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Montgomery Co. 65-00
C. CITY OR TOWN: SILVER SPRING ~~BALTIMORE~~
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1220 EAST WEST HIGHWAY

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 9-12-1891
9. AGE (In years last birthday): 77
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: MAURICE VAUGHNDORF
14. MOTHER'S MAIDEN NAME: IDA FINE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MR. BEN ADELSON, ADDRESS: 3700 BARTWOOD ROAD #15

MEDICAL CERTIFICATION

1B. 412.4 & I 250.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebral vascular Accident — 6 days.
DUE TO, OR AS A CONSEQUENCE OF: generalized Atherosclerosis & Severe Atherosclerotic C.V.D — many years.
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Diabetes Mellitus — many years.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-17- 1969 to 8-22- 1969, that (I) (we) last saw the deceased alive on 8-21- 1969 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE MD
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8-23-69
23C. PHYSICIAN'S NAME (Type): JOSEPH DECKELBAUM DEGREE
23D. ADDRESS: 3502 W. ROGERS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-24-69
24C. NAME of CEMETERY or CREMATORY: MIKRO KODESH-BETH ISRAEL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

B-650 1

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 8490 REG. NO. 69 8490

1. NAME OF DECEASED (Type or Print): Frank Brown

2. DATE OF DEATH: Known ☒ Estimated ☐ Month 8 Day 21 Year 69 Hour 10:30 a.m.

3. DATE PRONOUNCED DEAD: Month 8 Day 21 Year 69 Hour 10:30 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 806
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1621 N. Broadway

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: August 27-69
10. AGE (in years last birthday): 37
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Clarence Brown
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Mary Hardy
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): YES
17. SOCIAL SECURITY NO.: 217-24-0434
18. INFORMANT: Mary Brown ADDRESS: 1621 N. Durham St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I 304.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Bronchopneumonia secondary to narcotic addiction
~~DUE TO, OR AS A CONSEQUENCE OF:~~
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 8/22/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-27-69
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Floyd Wilson Brown Sr. ADDRESS:

VS 151-REV. 1/1/68

1969 0 0 0 8 4 9 0

S-4101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 461

BIRTH NO. 69 8491

69 8491

1. NAME OF DECEASED (Type or Print): CHARLOTTE SILVA

2. DATE AND HOUR OF DEATH: 8/15/69 1:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Park Hill Convalescent Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 604

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1912 Orlean Street

5. SEX: Female 6. RACE: Colored 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 11/7/98 9. AGE (In years last birthday): 70 YRS If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FACTORY

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elliston TURNER

14. MOTHER'S MAIDEN NAME: Mary Lee

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 030-01-5098A

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

1B. 440.9

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Extensive decubiti both hips & sacrum — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6-8 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pressure - 1 — several weeks

DUE TO, OR AS A CONSEQUENCE OF:

(C) arteriosclerosis — several yrs

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Parkinsonism — several years

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Dec 7 1968 to Aug 15 1969, that (I) (we) last saw the deceased alive on 8- 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E Ellsworth Cook DEGREE

Attending Phys. ☑ Med. Director ☑ Staff Phys. ☐

23B. DATE SIGNED: 8-15-69

23C. PHYSICIAN'S NAME (Type): E. Ellsworth Cook DEGREE

23D. ADDRESS: 2431 Maryland Ave. Balto 21218

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 8-20-69

24C. NAME of CEMETERY or CREMATORY: NORTH CARVER CEM

24D. LOCATION (City, town, or county) (State): NORTH CARVER, MASS

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: E. O. WILSON BALTO MD; O. A. STOTT FUNERAL HOME, WAREHAM MASS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-2521

128994 WASHINGTON, RUTH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8492 REG. NO. 69 8492

1. NAME OF DECEASED (Type or Print): RUTH WASHINGTON

2. DATE AND HOUR OF DEATH: August 21, 1969 12:10 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital
33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 604
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1824 E. Fairmount Avenue

5. SEX: Female
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 04-00-07
9. AGE (In years last birthday): 62 | If Under 1 Yr. Months: Days | If Under 24 Hrs. Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Albert Rosebrough
14. MOTHER'S MAIDEN NAME: Julia Jenkins
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-07-3719
17. INFORMANT: Jessie Harrison
ADDRESS: 1332 N. Eden St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 412.21
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Cerebrovascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertensive Arteriosclerotic Cardiovascular Dis.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Probable Sepsis

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 15 1969 to August 21 1969 that (I) (we) last saw the deceased alive on August 20 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Stephen P. Achuff, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: August 21, 1969
23C. PHYSICIAN'S NAME (Type): Stephen Achuff M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-25-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Elroy Robinson
ADDRESS: 1000 Brantley Ave

VS 150-REV. 1/1/68

R-152 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 8493 REG. NO. 69 8493

1. NAME OF DECEASED (Type or Print): Samuel Lincoln Robinson

2. DATE AND HOUR OF DEATH: Aug. 20, 1969 8:05 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Service Hospital 3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1801
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 112 N. Fremont Ave.

5. SEX: M
6. RACE: Col
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2/14/13
9. AGE (In years last birthday): 56
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SC
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frannis Robinson
14. MOTHER'S MAIDEN NAME: Naomi Nedd
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 250-23-2385
17. INFORMANT: Records- US PHS Hospital, Balto, Md. ADDRESS

MEDICAL CERTIFICATION

18. 200.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Seizure with apnea — Terminal
DUE TO, OR AS A CONSEQUENCE OF:
(B) Leukemia, ? stem cell — 1 week
DUE TO, OR AS A CONSEQUENCE OF:
(C) Reticulum cell sarcoma — 3 mos.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 8 19 69 to Aug. 20 19 69 that (I) (we) last saw the deceased alive on Aug. 20 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Meriwether DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/21/69
23C. PHYSICIAN'S NAME (Type): Wilhelm D. Meriwether, Surg (R) DEGREE
23D. ADDRESS: US PHS Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-25-69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible] Brandy M

VS 150-REV. 1/1/68

RGB

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

SAB -54-74-94

BIRTH NO. B-634 69 8494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8494

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): James BOARDLEY

2. DATE AND HOUR OF DEATH: August 22, 1969 | 9.40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4940 Eastern Avenue, Baltimore, Maryland 21224 — Baltimore City Hospitals

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1002
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 807 North Eden Street 21202

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10-12-1920
9. AGE (In years last birthday): 48 — If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Boardley
14. MOTHER'S MAIDEN NAME: Pearl Gillian

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-03-4834
17. INFORMANT: Records: BCH-4940 Eastern Avenue — ADDRESS: 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardio-respiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hodgkin's Disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/26/69 19 to 8/22/69 19, that (I) (we) last saw the deceased alive on 8/22/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Torres M.D. — DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: August 22, 1969
23C. PHYSICIAN'S NAME (Type): Jose Torres M.D. — DEGREE
23D. ADDRESS: 4940 Eastern Avenue, Baltimore, Md. 21224 — Baltimore City Hospitals

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-28-69
24C. NAME of CEMETERY or CREMATORY: Mt Olivet Cet
24D. LOCATION (City, town, or county): Balto (State): Md

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Guy Chisholm — ADDRESS: 1000 Brantley Ave

VS 150-REV. 1/1/68

M-425

BIRTH NO. 69 8495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8495

1. NAME OF DECEASED (Type or Print): CECIL HOLT MULLIKIN III.

2. DATE AND HOUR OF DEATH: AUGUST 25 1969 | 3:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2711
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 100 W. COLD SPRING AVENUE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: AUG 17, 1895
9. AGE (In years last birthday): 74
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETired
10B. KIND OF BUSINESS OR INDUSTRY: American Totalisator Co.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CECIL MULLIKIN (Deceased)
14. MOTHER'S MAIDEN NAME: HELEN HOLT MULLIKIN MARYLAND

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: MCR 213-05-5031A
17. INFORMANT: (wife) LUCILLE F. MULLIKIN
ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIOGENIC SHOCK — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO, OR AS A CONSEQUENCE OF:

(B) CORONARY HEART DISEASE, ASHD

DUE TO, OR AS A CONSEQUENCE OF:

(C) DIABETES MELLITUS

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): POSSIBLE INSULIN REACTION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 25 1969 to AUG. 25 1969 that (I) (we) last saw the deceased alive on AUGUST 25 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Yu Sui Lit M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-25-69
23C. PHYSICIAN'S NAME (Type): YU, SUI LIT MD. YU, SUI LIT M.D. DEGREE
23D. ADDRESS: UNION MEMORIAL HOSPITAL, BALTO. MD UNION MEMORIAL HOSPITAL BALTO, MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/28/69
24C. NAME of CEMETERY or CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Balto.Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969 Robert E. Farber
25B. NAME OF REGISTRAR: Farber M.D.
25C. FUNERAL DIRECTOR: Stewart & Mowen Co. 108 W. North Ave. City 1
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

D-463 69 8496

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8496

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): ELBERT S. DILWORTH

2. DATE AND HOUR OF DEATH: 8-25-69 | 4:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 808
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1117 N. Bond St.

5. SEX: M
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-15-1909
9. AGE (In years last birthday): 60 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WAREHOUSEMAN
10B. KIND OF BUSINESS OR INDUSTRY: Stationery
11. BIRTHPLACE (State or foreign country): Greensboro, North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: FRANK DILWORTH
14. MOTHER'S MAIDEN NAME: ADA GALLOWAY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 299-12-4981
17. INFORMANT: GRACE BEATRICE DILWORTH — ADDRESS: 1117 N. Bond St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Months

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that [redacted] (this hospital) attended the deceased from 7/21 19 69 to 8/25 19 69 that [redacted] (we) last saw the deceased alive on 8/25 19 69 and that in [redacted] (our) opinion death occurred on the date and hour and from the causes stated above. [redacted] (We) (did) ([redacted]) view the body after death.

23A. SIGNATURE: Barbedo, MD (DEGREE)
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8/25/69
23C. PHYSICIAN'S NAME (Type): BARBEDO MD (DEGREE)
23D. ADDRESS: MERCY HOSP, BALTO.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/28/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial
24D. LOCATION (City, town, or county) (State): Arbutus (Balto. Co.) Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: MORSHALL W. JONES, JR.
ADDRESS: 1735 HARFORD AVE.

VS 150-REV. 1/1/68

1

T-520 69 8497

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8497

BIRTH NO.

CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print)	Raymond Thomas
2. DATE OF DEATH	Known ☒ Estimated ☐ — Month 8, Day 22, Year 69, Hour 5:00 a.m.
3. DATE PRONOUNCED DEAD	Month 8, Day 22, Year 69, Hour 5:00 a.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Provident Hospital 9-2-69
5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	1603
C. CITY OR TOWN	Baltimore
D. INSIDE CITY LIMITS?	YES ☒ NO ☐
E. STREET AND NUMBER	1611 Laurens Street Baltimore, Maryland
6. SEX	male
7. RACE	colored
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	
9. DATE OF BIRTH	3-5-36
10. AGE (In years last birthday)	33
If Under 1 Yr. If Under 24 Hrs. Months / Days / Hours / Min.	
11. BIRTHPLACE (State or foreign country)	Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?	U.S.A.
13. FATHER'S NAME	Raymond Thomas
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Laborer
14B. KIND OF BUSINESS OR INDUSTRY	
15. MOTHER'S MAIDEN NAME	Helen Thomas
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	no
17. SOCIAL SECURITY NO.	213-32-8812
18. INFORMANT	Bernadine Parker
ADDRESS	1302 N. Mount St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Alcoholic Intoxication

DUE TO, OR AS A CONSEQUENCE OF: ~~Fatty alteration of liver~~

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21. AUTOPSY? (Yes or No)	yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
22F. HOW DID INJURY OCCUR?	

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED 8/22/69

24A. BURIAL CREMATION, REMOVAL (Specify)	Burial	24B. DATE	8-27-69
24C. NAME of CEMETERY or CREMATORY	Mt. Auburn Cemetery	24D. LOCATION (City, town, or county) (State)	Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT.	AUG 26 1969	25B. NAME OF REGISTRAR	Robert E. Hadley
25C. FUNERAL DIRECTOR	Marshall W. Jones, Jr.	ADDRESS	1735 Harford Ave. 21213

VS 151-REV. 1/1/68

1 9 6 9 0 0 8 4 9 5

Letter from M.E.'s office 9-2-69 M.H.

BIRTH NO. J-250 69 8498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 8498

1. NAME OF DECEASED (Type or Print): WILLIAM H. JACKSON

2. DATE AND HOUR OF DEATH: 8/24/69 945 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MOUNT SINAI NURSING HOME 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1205
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 414 E. LANVALE ST.

5. SEX: M
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 8/22/98
9. AGE (In years last birthday): 71
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: Food Retail
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U-SA

13. FATHER'S NAME: Wm H. JACKSON
14. MOTHER'S MAIDEN NAME: JANE DEMBY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-09-1711
17. INFORMANT: VIOLA SMITH
ADDRESS: 414 E. LANVALE ST

CAUSE OF DEATH

18. 431.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intracerebral hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 days.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerosis of brain — 3 mts.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Hypertension, GI Bleeding — 3 mts.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 6/29 1969 to 8/24 1969, that (I) (~~we~~) last saw the deceased alive on 8/22 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Morton M. Mower M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 8/24/69
23C. PHYSICIAN'S NAME (Type): MORTON M. MOWER M.D. DEGREE
23D. ADDRESS: 200 W. Collingwood Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/28/69
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): A.A. Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: MARSHALL W. JONES, JR.
ADDRESS: 1735 HARFORD AVE.

VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-324 69 8499

BIRTH NO. 69-15408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 8499

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BABY GIRL METZLER

2. DATE AND HOUR OF DEATH: AUGUST 23 1969 | 7:25AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPTTAL CATON & WILKENS AVENUE BALTIMORE MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: Howard Co. 6300
C. CITY OR TOWN: ELLICOTT CITY
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 5005 AVOCA AVENUE 21043

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 08/20/69
9. AGE (In years last birthday): If Under 1 Yr. Months | Days: 3 | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: WILLIAM D METZLER
14. MOTHER'S MAIDEN NAME: DIANNA L DAVIS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ST AGNES HOSP CATON & WILKENS AVE — ADDRESS

MEDICAL CERTIFICATION

18. 775.9

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cerebral anoxia at birth	3 days
DUE TO, OR AS A CONSEQUENCE OF: (B)	Severe anemia	3 days
DUE TO, OR AS A CONSEQUENCE OF: (C)	Prematurity	

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 08/20/69 19 to 08/23/69 19 that (I) (we) last saw the deceased alive on 08/23/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Marston A Young MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: ST AGNES HOSP CATON & WILKENS AVE 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/27/69
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: AUG 26 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Witzke, 4101 Edmondson Ave. Balto., Md.21229 — ADDRESS

VS 150-REV. 1/1/68

0 0 0 0 8 4 8 2

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W-410 69 8500 BALTIMORE CITY HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 8500

BIRTH NO.

34/99

1. NAME OF DECEASED (Type or Print) BEATRICE WOLFE		2. DATE OF DEATH Known [X] Estimated [ ] Month 8 Day 25 Year 69 Hour 6:28 a M.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secour Hospital D.O.A.		3. DATE PRONOUNCED DEAD Month August Day 25 Year 1969 Hour 6:28 a M.	
		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1902	
6. SEX Female	7. RACE White	8. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] separated DIVORCED [ ]	C. CITY OR TOWN Balto. — D. INSIDE CITY LIMITS? YES [X] NO [ ]
9. DATE OF BIRTH 4-8-29	10. AGE (In years last birthday) 40	If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER 226 S. Stricker St.
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME (late) Charles E. Shoffner
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY		15. MOTHER'S MAIDEN NAME Anna E. Shifflett
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	17. SOCIAL SECURITY NO.	18. INFORMANT Mrs. Anna E. Vaughan, 301 — ADDRESS Baltimore S. Stricker St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E960X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Laryngeal hemorrhage and glottis

(B) edema as a result of strangulation

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 2/	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) YES
22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1430 W. Balto. St. 1901
22D. TIME OF INJURY (APPROX.) (Month) 8 (Day) 25 (Year) 69 (Hour) 1:30a	22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [XX]	22F. HOW DID INJURY OCCUR? Subject involved in altercation

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [XX] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [XX] Undetermined manner [ ]

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type) Russell S. Fisher, M.D. M.D.

CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED August 25, 1969

24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-28-69	24C. NAME of CEMETERY or CREMATORY Loudon Park Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. AUG 26 1969	25B. NAME OF REGISTRAR Robert E. Talbert M.D.	25C. FUNERAL DIRECTOR Witzke, 4101 Edmondson Av., Balto.	ADDRESS

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